

HOXIE Docket: 1367521 - 72433		
Item	Document	
1.	Request/approval to study for discontinuance (11/30/2010)	
2.	Notice (if appropriate) to Headquarters of suspension	
3.	Notice (if appropriate) to customers/district personnel of suspension	
4.	Highway map with community highlighted (11/30/2010)	
5.	Eviction notice (if appropriate) (12/08/2010)	
6.	Building inspection report and original photos of building deficiencies (if appropriate) (12/08/2010)	
7.	Post Office and community photos (11/30/2010)	
8.	PS Form 150, Postmaster Workload Information (12/10/2010)	
9.	Worksheet for calculating work service credit (11/30/2010)	
10.	Window transaction record (02/25/2011)	
11.	Record of incoming mail (11/30/2010)	
12.	Record of dispatched mail (11/30/2010)	
13.	Administrative postmaster/OIC comments (09/27/2010)	
14.	Inspection Service/local law enforcement vandalism reports (10/13/2010)	
15.	Post Office fact sheet (05/12/2011)	
16.	Community fact sheet (02/25/2011)	

17.	Alternate service options/cost analysis (11/30/2010)	
18.	Form 4920, Post Office Fact Sheet (02/25/2011)	
19.	Recomendation and Service Replacement Type (11/30/2010)	
20.	Questionnaire instruction letter to postmaster/OIC (11/30/2010)	
21.	Cover letter, questionnaire, and enclosures (11/30/2010)	
22.	Returned customer questionnaires and Postal Service response letters (11/30/2010)	
23.	Analysis of questionnaires (11/30/2010)	
24.	Community meeting roster (02/24/2011)	
25.	Community meeting analysis (02/24/2011)	
26.	Community meeting letter (02/24/2011)	
27.	Petition and Postal Service response letter (if appropriate) (01/01/1900)	
28.	Congressional inquiry and Postal Service response letter (if appropriate) (10/22/2010)	
29.	Proposal checklist (02/25/2011)	
30.	District notification to Government Affairs (03/01/2011)	
31.	Instructions to postmaster/OIC to post proposal (03/01/2011)	
32.	Invitation for comments exhibit (03/01/2011)	
33.	Proposal exhibit	
34.	Comment form exhibit (03/01/2011)	

35.	Instructions for postmaster/OIC to remove proposal (05/10/2011)	
36.	Round-date stamped proposals and invitations for comments from affected offices (05/12/2011)	
37.	Notification of taking proposal and comments under internal consideration (05/13/2011)	
38.	Customer comments and Postal Service response letters (05/12/2011)	
39.	Premature Postal Regulatory Commission appeal and Postal Service response letter (if appropriate) ()	
40.	Analysis of comments (05/12/2011)	
41.	Revised proposal (if appropriate) (03/01/2011)	
42.	Updated PS Form 4920 (if appropriate) (02/25/2011)	
43.	Certification of record (05/12/2011)	
44.	Log of Post Office discontinuance actions (05/12/2011)	
45.	Transmittal to vice president, Delivery and Retail, from district manager, Customer Service and Sales (05/16/2011)	
46.	Headquarters' acknowledgment of receipt of record (05/20/2011)	
47.	Final determination transmittal letter from Headquarters (06/08/2011)	
48.	Instruction letter to postmaster/OIC on posting (06/21/2011)	
49.	Round-date stamped final determination cover sheets (08/11/2011)	



11/30/2010

DAVID CAMP
DISTRICT MANAGER
ARKANSAS PFC

SUBJECT: Authority to Conduct Investigation

I request your authorization to investigate a possible change in postal services for the office in the AR01 congressional district.

Post Office Name:	HOXIE
Zip+4 Code:	72433-9998
EAS Level:	16
Finance Number:	044302
County:	LAWRENCE
Proposed Admin Office:	WALNUT RIDGE PO
ADMIN Miles Away:	1.7
Near Office Name:	WALNUT RIDGE PO
Near Miles Away:	1.7
Number of Customers:	
Post Office Box:	197
General Delivery:	0
Rural Route (RR):	265
Highway Contract Route (HCR):	0
Intermediate RR:	0
Intermediate HCR:	0
City Delivery:	1,020
Total Customers:	1,482
ZIP Code Change:	Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> ZIP Code

The above office became vacant when the postmaster was reassigned on 01/02/2010.

POSTMASTER DOWNGRADED - within 5 miles of nearest office. Not discontinuing this office, reclassifying it as a Branch of Walnut Ridge

JOHN CONFER
Manager, Post Office Operations

Approval to Study for Discontinuance:

DAVID CAMP
DISTRICT MANAGER
ARKANSAS PFC

11/30/2010

DATE

cc: Area Manager, Public Affairs and Communication



Docket: 1367521

NOTICE OF POST OFFICE EMERGENCY SUSPENSION

A. Office

Name: HOXIE State: AR Zip Code: 72433
Area: SOUTHWEST District: ARKANSAS PFC
Congressional District: AR01 County: LAWRENCE
EAS Grade: 16 Finance Number: 044302
Post Office: ☒ Classified Station ☐ Classified Branch ☐ CPO ☐

• There was no Emergency Suspension for this office

Prepared by: Jackie Stubitsch
Title: ARKANSAS PFC Post Office Review Coordinator
Tele No: (501) 228-4171

Date: 05/12/2011
Fax No: (650) 577-5059



NOTICE TO CUSTOMERS/DISTRICT PERSONNEL OF SUSPENSION

A. Office

Name: HOXIE State: AR Zip Code: 72433
Area: SOUTHWEST District: ARKANSAS PFC
Congressional District: AR01 County: LAWRENCE
EAS Grade: 16 Finance Number: 044302
Post Office: ☒ Classified Station ☐ Classified Branch ☐ CPO ☐

There was no Emergency Suspension for this office

Prepared by: Jackie Stubitsch
Title: ARKANSAS PFC Post Office Review Coordinator
Tele No: (501) 228-4171

Date: 05/12/2011
Fax No: (650) 577-5059

Google maps

Address Hoxie, AR

Get Google Maps on your phone

Text the word "GMAPS" to 466453



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DOCKET NO.
ITEM NO.
PAGE

72433
4
1

Address Hoxie, AR

Text the word "GMAP5" to 466453



PAGE

72433

4

2



Eviction Notice

A. Office

Name: HOXIE State: AR Zip Code: 72433
Area: SOUTHWEST District: ARKANSAS PFC
Congressional District: AR01 County: LAWRENCE
EAS Grade: 16 Finance Number: 044302
Post Office: ☒ Classified Station ☐ Classified Branch ☐ CPO ☐

There was no eviction notice for this office

Prepared by: Jackie Stubitsch
Title: ARKANSAS PFC Post Office Review Coordinator
Tele No: (501) 228-4171

Date: 05/12/2011
Fax No: (650) 577-5059



Building Inspection Report

A. Office

Name: HOXIE State: AR Zip Code: 72433
Area: SOUTHWEST District: ARKANSAS PFC
Congressional District: AR01 County: LAWRENCE
EAS Grade: 16 Finance Number: 044302
Post Office: ☒ Classified Station ☐ Classified Branch ☐ CPO ☐

- There was no building inspection report nor photos for this office

Prepared by: Jackie Stubitsch
Title: ARKANSAS PFC Post Office Review Coordinator
Tele No: (501) 228-4171

Date: 05/12/2011
Fax No: (650)
577-5059

DOCKET NO.
ITEM NO.
PAGE

1367521

7

1



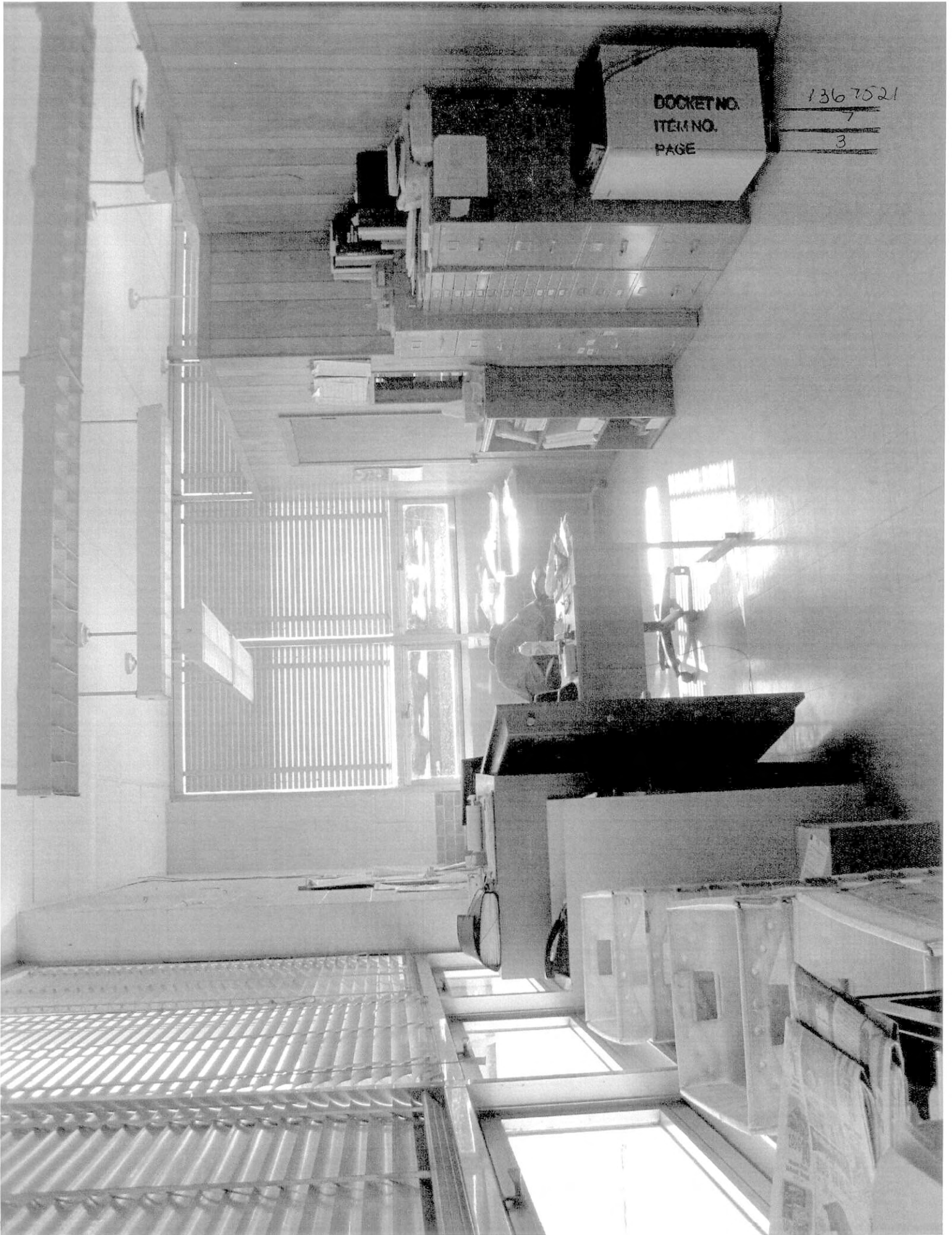


DOCKET NO.
ITEM NO.
PAGE

1367521

7

2



DOCKET NO.
ITEM NO.
PAGE

1367521

7

3

DOCKET NO.
ITEM NO.
PAGE

1367521
7
4

REGISTERED MAIL
SECURITY



DOCKET NO.
ITEM NO.
PAGE

1367521

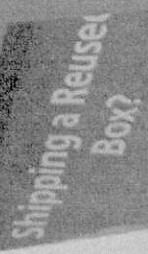
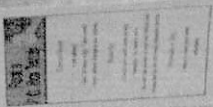
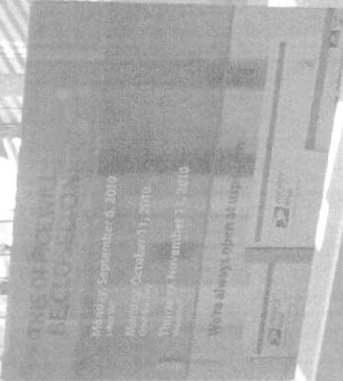
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5



25

Buy your
supplies here



DOCKET NO.

ITEM NO.

PAGE

1367521

7

6



PS Form 150, Postmaster Workload Information

Post Office, State & Zip Code HOXIE, AR 72433		Postmaster's Signature John Confer	Date 12/03/2010
District Office, State & Zip Code ARKANSAS PFC, AR 72205		District Manager's Signature David Camp	Date 12/10/2010
(Check Box) <input checked="" type="checkbox"/> Vacancy <input type="checkbox"/> Management Review <input type="checkbox"/> RFR		See Instructions on Reverse	
1.	Current Office Level		16
2.	Finance Number	(1-6)	044302
3.	General Delivery Families Served	(7-9)	0
4.	Post Office Boxes/Call Boxes Rented	(10-15)	197
5.	Possible City Deliveries	(16-20)	1,020
6.	Administrative Rural Boxes Served	(21-25)	265
7.	Intermediate Rural Boxes Served	(26-30)	0
8.	Administrative Responsibility form Intermediate Rural Boxes for Other Offices	(31-35)	0
9.	Administrative Highway Contract/Star Route Boxes Served	(36-39)	0
10.	Intermediate Highway Contract/Star Route Boxes Served	(40-43)	0
11.	Administrative Responsibility for Intermediate Highway Contract/Star Route Boxes for Other Offices	(44-47)	0
12.	Number of Carrier Stations/Branches	(48-49)	0
13.	Number of Finance Stations/Branches	(50-51)	0
14.	Number of Contract Stations/Branches & Community Post Offices	(52-53)	0
15a.	Does Office Experience A Seasonal Workload? (box one "Y" of yes, "N" for no) (If you answer "yes" of this question, complete 'Seasonal Workload' section on reverse.)	(54)	N
15b.	Duration of Experience A Seasonal Workload? (minimum of 8 weeks)	(55-56)	0
16.	Does Office Perform Outgoing Distribution for Other Offices?	(57)	N
17.	Does Office Perform Incoming Distribution for Other Offices?	(58)	N
18.	Does Office Perform Incoming Secondary Distribution for Other Offices?	(59)	N
19.	Do You Separate All Incoming Letter Size Mail to City & Rural Carrier Routes for Your Own Office?	(60)	N
20.	Do You Separate All Incoming Flat Size Mail to City & Rural Carrier Routes for Your Own Office?	(61)	N
21.	Do You Have Responsibility for Vehicle Maintenance Facilities?	(62)	N
22.	Does Your Office Have Administrative Responsibility for an Air Transfer Office?	(63)	N
23.	Is Postmaster Lessor for Government Owned Building?	(64)	N
24.	Does Office Have MPLSM/SPLSM?	(65)	N
25.	Does Office Distribute Food Stamps?	(65)	N

PS Form 150, Postmaster Workload Information

	Normal	During Seasonal Period
General Delivery Families Served	0	0
Post Office Boxes/Call Boxes Rented	197	0
Possible City Deliveries	1,020	0
Administrative Rural Boxes Served	265	0
Intermediate Rural Boxes Served	0	0
Administrative Responsibility/Number Intermediate Rural Boxes	0	0
Administrative Highway Contract/Star Route Boxes Served	0	0
Intermediate Highway Contract/Star Route Boxes Served	0	0
Administrative Responsibility/Number Intermediate Highway Contract/Star Route Boxes	0	0

Instructions

- Enter current evaluated office level.
- Enter the 6 digit post office finance number.
- Enter number of general delivery families served.
- Enter total number of post office boxes and call boxes rented. Do not confuse with the total number available. This total should include boxes rented at classified stations/branches as well as the main office including GPO's.
- Enter total possible city deliveries. The total reported should equal the total possible deliveries shown on Form 1621, Carrier Route Report, for the previous accounting period.
- Enter the number of administrative boxes served. This is the number of rural route boxes served, within your ZIP Code ONLY by carriers administratively reporting to you. Do not include boxes on the routes which are in the ZIP Code of an intermediate office.
- Enter the number of intermediate rural boxes served. This is the number of rural boxes, within your ZIP Code, served by a carrier administratively reporting to another postmaster. For credit, the mail must be incoming to your office and separated to the routes within your ZIP Code by you or your employees prior to carrier sequencing.
- Enter the number of intermediate rural boxes for which you are administratively responsible. This is the number of boxes served by a carrier administratively responsible to you, but which are located in the ZIP Code for another office.
- Enter the number of administrative highway contract star route boxes served. This is the total number of star route boxes served within your ZIP Code ONLY by a contractor for whom you have administrative responsibility. Do not include boxes on the routes which are in the same ZIP Code of an intermediate office.
- Enter the number of intermediate highway contract star route boxes served. This is the total number of star route boxes served within your ZIP Code ONLY by a contractor who administratively reports to another Postmaster. For credit the mail must be incoming to your office and separated to the contract route by you or your employees.
- Enter the number of intermediate highway contract star route boxes for which you are administratively responsible. This is the number of boxes served by a contractor for whom you are administratively responsible and which are located in the ZIP Code of another office.
- Enter the number of classified stations and/or branches that have carrier delivery service.
- Enter the number of classified finance stations and/or branches (without carrier delivery service) staffed by postal employees.
- Enter the total number of contract stations, rural stations and community post offices.
 - A contract station is a detached finance unit manned by non-postal employees.
 - A rural station is a post office box delivery unit serviced by a rural carrier.
 - A community post office is a contract unit which provides service in a small community.
- To receive credit for a seasonal workload increase the items shown on the seasonal workload portion of the form must show a 25% increase and must last for a minimum of 8 weeks. The Christmas Season is not to be considered as a seasonal workload increase. Should your office have a seasonal workload increase you should enter the exact number of weeks the season lasts and complete the seasonal workload portion of the form in its entirety.

Questions 16 Thru 25 Should Be Answered Y (Yes) or N (No)

- Does office separate massed outgoing mail originating in other associate offices to three digit ZIP CODE designating offices and/or area distribution centers and demonstrate a pulling, facing and cancelling operation?
- Does office separate massed three digit sorted incoming mail to a five digit sort for other associate offices?
- Does office separate incoming mail to carrier routes for other associate offices?
- Does office separate all incoming letter size mail to city, rural and/or star routes?
- Does office separate all incoming flats to city and/or rural carrier routes without assistance from an MPC?
- Do you have a vehicle maintenance facility under your jurisdiction?
- Do you have an air transfer office under your jurisdiction?
- Do you occupy a government-owned building and lease a portion of the building to someone else?
- Does your office operate a Multiple Position Letter Sorting Machine (MPLSM) or Single Position Letter Sorting Machine (SPLSM)?
- Does your office distribute food stamps?

Worksheet for calculating Workload Service Credit (WSC) for Post Offices

Worksheet for calculating Workload Service Credit (WSC) for Post Offices

Office Name: HOXIE
 Office Zip+4: 72433 -9998 District: ARKANSAS PFC

Activity WSCs

General Delivery Families Served (Item 3, PS Form 150)	<u>0</u>	X 1.0	=	<u>0</u>
Post Office Boxes/Call Boxes Rented (Item 4, PS Form 150)	<u>197</u>	X 1.0	=	<u>197</u>
Possible City Deliveries (Item 5, PS Form 150)	<u>1,020</u>	X 1.33	=	<u>1,357</u>
Administrative Rural Boxes Served (Item 6, PS Form 150)	<u>265</u>	X 1.0	=	<u>265</u>
Intermediate Rural Boxes Served (Item 7, PS Form 150)	<u>0</u>	X 0.7	=	<u>0</u>
Administrative Responsibility for Intermediate Rural Boxes for Other Offices (Item 8, PS Form 150)	<u>0</u>	X 0.3	=	<u>0</u>
Administrative Highway Contract/Star Route Boxes Served (Item 9, PS Form 150)	<u>0</u>	X 1.0	=	<u>0</u>
Intermediate Highway Contract/Star Route Boxes Served (Item 10, PS Form 150)	<u>0</u>	X 0.7	=	<u>0</u>
Administrative Responsibility for Intermediate Highway Contract/Star Route Boxes for Other Offices (Item 11, PS Form 150)	<u>0</u>	X 0.3	=	<u>0</u>
Total Activity WSCs				<u>1,819</u>

Revenue WSCs

First	25 revenue units:	1.00	X	<u>25</u> units	=	<u>25.00</u>
Next	275 revenue units:	0.50	X	<u>166</u> units	=	<u>83.00</u>
Next	700 revenue units:	0.25	X	<u>0</u> units	=	<u>0.00</u>
Next	5000 revenue units:	0.10	X	<u>0</u> units	=	<u>0.00</u>
	Balance of revenue units:	0.01	X	<u>0</u> units	=	<u>0.00</u>
						<u>108.00</u>

Total revenue WSCs:

Activity WSCs 1819 + Revenue WSCs = 108.00 Base WSCs 1,927.00 = EAS Grade 15

Previous evaluation: EAS grade 16

Effective date of change in service hours: _____ (if appropriate)
 (when a vacancy exists, hours must reflect the appropriate EAS grade)

Worksheet completed by:

JACKIE STUBITSCH

JACKIE.M.STUBITSCH@USPS.GOV

Printed Name

Signature

ARKANSAS PFC District Review Coordinator

11/30/2010

Title

Date

Survey of Incoming Mail

Survey of Incoming Mail
(Record in Pieces)

Post Office Name and Zip+4 HOXIE 72433 - 9998
Dates Recorded 10/09/2010 through 10/22/2010

Date	Letters		Flats		Parcels		Other	
	First Class	Standard	First Class	Standard	Priority	Standard		
Sat - 10/09	2298	0	365	211	28	42	0	0
Sun - 10/10	0	0	0	0	0	0	0	0
Mon - 10/11	0	0	0	0	0	0	0	0
Tue - 10/12	3059	0	528	336	48	55	0	0
Wed - 10/13	2497	284	374	662	2	2	0	0
Thu - 10/14	0	0	0	0	0	0	0	0
Fri - 10/15	0	0	0	0	0	0	0	0
Sat - 10/16	4759	0	240	58	25	27	0	0
Sun - 10/17	0	0	0	0	0	0	0	0
Mon - 10/18	2303	0	298	0	44	28	0	0
Tue - 10/19	3275	0	34	470	7	16	0	0
Wed - 10/20	4149	0	249	326	7	46	0	0
Thu - 10/21	2587	0	893	268	20	29	0	0
Fri - 10/22	2718	0	211	115	6	43	0	0
TOTALS	27,645	284	3,192	2,446	187	288	0	0
Daily Average	3,071.7	31.6	354.7	271.8	20.8	32.0	0.0	0.0

Signature of Person Making Count: JACKIE STUBITSCH
Printed Name: JACKIE STUBITSCH
Date: 11/30/10

Conversion Rate

Letter Type	Total Pieces Per Foot	Flat Type	Total Pieces Per Foot
Manual Letters	227	Manual Flats	115
Automated Letters	215	Automated Flats	115
Sequenced Letters	227	Sequenced Flats	115

Conversion rates are subject to periodic updates which will be published and disseminated when applicable.

Survey of Dispatched Mail

Survey of Dispatched Mail
(Record in Pieces)

Post Office Name and Zip+4: HOXIE 72433 - 9998
Dates Recorded: 10/09/2010 through 10/22/2010

Date	Letters		Flats		Parcels		Other	
	First Class	Standard	First Class	Standard	Priority	Standard		
Sat - 10/09	182	0	1	0	3	1	0	0
Sun - 10/10	0	0	0	0	0	0	0	0
Mon - 10/11	0	0	0	0	0	0	0	0
Tue - 10/12	784	1	16	0	8	3	0	0
Wed - 10/13	567	0	18	1	12	1	0	0
Thu - 10/14	358	0	7	0	5	1	0	0
Fri - 10/15	455	0	5	2	2	0	0	0
Sat - 10/16	142	0	3	0	0	0	0	0
Sun - 10/17	0	0	0	0	0	0	0	0
Mon - 10/18	1611	0	17	0	4	2	0	0
Tue - 10/19	493	0	14	0	3	1	0	0
Wed - 10/20	632	0	5	0	12	3	0	0
Thu - 10/21	358	0	5	0	1	0	0	0
Fri - 10/22	832	2	10	1	3	1	0	0
TOTALS	6,414	3	101	4	53	13	0	0
Daily Average	712.7	0.3	11.2	0.4	5.9	1.4	0.0	0.0

Signature of Person Making Count: JACKIE STUBITSCH
Printed Name: JACKIE STUBITSCH
Date: 11/30/10



09/27/2010

OIC/POSTMASTER

SUBJECT: HOXIE Post Office

Please provide the names and addresses of businesses, religious institutions, civic organizations, and local government offices, and schools that are served by the HOXIE Post Office. The list of businesses should include small, part-time and in-home businesses, as well as public institutions, such as schools, police departments, etc; religious institutions and businesses physically located outside the community that use retail services on a routine basis at the HOXIE Post Office. Also, please provide the total number of permit mailers and postage meter customers. Indicate in the space below the total number of Post Office box, general, and street delivery customers served by the office. Return all documents to JACKIE STUBITSCH by 10/11/2010. This information will be entered into the official record for public viewing.

Post Office Box	<u>197</u>
General Delivery	<u>0</u>
Rural Route (RR)	<u>265</u>
Highway Contract Route (HCR)	<u>0</u>
Intermediate RR	<u>0</u>
Intermediate HCR	<u>0</u>
City Delivery	<u>1,020</u>
Total Customers	<u>1,482</u>

If you have any comments on alternate means of providing services to the HOXIE customers, please provide them below:

JACKIE STUBITSCH
Post Office Review Coordinator

Comments:

cc: Official Record



10/13/2010

SUBJECT: Possible Discontinuance of Post Office

The Postal Service is currently conducting an investigation concerning the possible discontinuance of the HOXIE Post Office, 72433 - 9998, located in LAWRENCE County. Please search your records for any recent reports of mail theft or vandalism in the area.

Please enter your findings in the yellow blocks below. Once complete please click submit. You can print from above. Signatures are captured electronically.

Thank you for your assistance in this matter

JACKIE STUBITSCH
Post Office Review Coordinator
ARKANSAS PFC

NBR records of mail theft or vandalism: 0

Comments/Findings:

This office is under consideration of re-classification from a Post Office to a Branch of Walnut Ridge

cc: Official Record

Post Office Survey Sheet

Post Office Name HOXIE ZIP+4 72433-9998
Congressional District AR01 Date 02/25/2011

1. List specific information about the facility, such as structural defects, safety hazards, lack of running water or restrooms (if so, where restrooms are available), security, and other deficiencies or factors to consider.

Parking lot is in need of repair

2. Is the facility accessible to persons with disabilities? ☒ Yes ☐ No

3. Lease terms? 30-day cancellation clause? exp 01/31/2016 NO 30-day cancellation clause

4. Are suitable alternate quarters available for an independent Post Office? If so, where?
N/A - we will retain the retail operations in the current facility

5. List potential CPO sites.
N/A

6. Are there any postage meter customers or permit mailers? ☒ Yes ☐ No

If yes, please identify them by name and address.

PERMIT: Hoxie Water Works, PO Box 28 METER: Pratt Auto Salvage, PO Box 9 Hoxie School, PO Box 40 Heritage Agriculture of Arkansas, PO Box 180 Farm Services, Inc., PO Box 249

7. Which career and noncareer employees will be affected and what accommodations will be made for them?
N/A

8. How is mail received and dispatched at the office and at what times? How will this be affected by discontinuance? Will a collection box be retained? Will a locked pouch be utilized?
transportation schedules will remain as they are. The collection box will remain and locked pouches will NOT be utilized

How many Post Office boxes are installed? 288

How many Post Office boxes are used? 197

What are the window service hours? 08:30 - 11:30 - 13:00 - 16:00 M-F

Closed S

What are the lobby hours? 24 hrs M-F

24 hrs S

9. Have there been recent cases of mail theft or vandalism reported to the postmaster/OIC? Explain.
No

Post Office Survey Sheet (continued)

10.	What equipment in the Post Office is not owned by the Postal Service (e.g., Post Office Boxes, furniture, safe)?	
	N/A	
11.	List potential CBU/parcel lockers sites and distances from present Post Office site.	
	N/A	
12.	Are there any special customer needs? (People who cannot read or write, who cannot drive, who have infirmities or physical handicaps, etc.) How can these people be accommodated?	
	N/A	
13.	Rural delivery/HCR delivery.	
a.	What is current evaluation?	H39
b.	Will this change result in the route being overburdened?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If so, what accommodations will be made to adjust the route?	
c.	How many boxes and miles will be added to the route?	0, box 2.00 Miles
d.	What would be the additional annual expense if the route is increased?	0
e.	What is the one-time cost of CBU/parcel locker installation (if appropriate)?	0
f.	At what time of the day does the carrier begin delivery to the community?	8:00
	Will this delivery time be affected if the office is discontinued? (Y or N)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If so, how?	0
14.	Are the Post Office box fees at the facility that will provide alternative service different from those at the office to be discontinued? If so, how (Cost)? <input type="checkbox"/> More <input checked="" type="checkbox"/> Same <input type="checkbox"/> Less	

Community Survey Sheet

Community Survey Sheet

Post Office Name	<u>HOXIE</u>	ZIP+4	<u>72433-9998</u>
Congressional District	<u>AR01</u>	Date	<u>02/25/2011</u>

1. Incorporated? ☒ Yes ☐ No
- Local government provided by: Mayor
- Police protection provided by: Hoxie Police Department
- Fire protection provided by: Hoxie Fire Department
- School location: 305 SW ALICE ST
2. What population growth is expected? (Please document your source)
Hoxie has experienced drop in population since the 2000 census of -6.5% (www.city-data.com)
3. What residential, commercial, or business growth is expected? (Please document your source)
A letter was sent to local government officials on 10/07/2010. No response as of this date.
- History. (Are there any special historical events related to the community?)
Are there any special community events to consider?
4. Is the Post Office facility a state or national historic landmark (see ASM 515.23)?
Check with the field real estate office when verification is needed.)
Hoxie was the 3rd Arkansas school in integrate
5. What is the geographic/economic make-up of the community (e.g., retirees, commuters, self-employed, farmers)?
A) Wholesale trade: 1997 - 55, 2002 - 63 (Per 100,000 population: 1997 - 1,948, 2002 - 2,267, State average - 963) B) Retail trade: 1997 - 98, 2002 - 68 (Per 100,000 population: 1997 - 3,472, 2002 - 2,446, State average - 1,139) C) Real estate & rental & leasing: 1997 - 0-19, 2002 - 0-19 (Per 100,000 population: 1997 - 269, 2002 - 273, State average - 243) D) Administrative & support & waste management & remediation service: 1997 - 0-19, 2002 - 20-99 (Per 100,000 population: 1997 - 269, 2002 - 1,712, State average - 748) E) Health care & social assistance: 1997 - 0-19, 2002 - 22 (Per 100,000 population: 1997 - 269, 2002 - 791, State average - 3,301) F) Accommodation & food services: 1997 - 20-99, 2002 - 26 (Per 100,000 population: 1997 - 1,686, 2002 - 935, State average - 1,104) G) Other services (except public administration): 1997 - 17, 2002 - 16 (Per 100,000 population: 1997 - 602, 2002 - 575, State average - 535) Read more: <http://www.city-data.com/business/econ-Hoxie->
- Which nonpostal services are provided by the Post Office (e.g., public bulletin board, school bus stop, community meeting location, voting place, government form distribution center, Do employees of the office offer assistance to senior citizens and handicapped)?
What provisions can be made for these services if the Post Office is discontinued?
N/A

Highway Contract Route Cost Analysis Form

Highway Contract Route Estimated Cost for Alternative Service

Office Name: HOXIE

Office Zip+4: 72433 -9998

District: ARKANSAS PFC

1. Enter the number of additional boxes to be added to the route 0 x 3.64 hours per year 0.00

2. Enter the number of additional miles to be added to the route 0.00 x 10.40 hours per year 0.00

Total time added to the route 0.00

3. Enter the HCR hourly rate (Contact Area Manager, Purchasing/Contracting Officer) 0.00

Total additional compensation (HCR hourly rate x total time added to the route) 0.00

Rural Route Cost Analysis Form

Docket: 1367521 - 72433
Item Nbr: 17
Page Nbr: 2

Rural Route Carrier Estimated Cost for Alternative Replacement Service

Office Name: HOXIE
Office Zip+4: 72433 -9998 District: ARKANSAS PFC

- | | | | | |
|----|---|-----------------|-----------------------|-----------------|
| 1. | Enter the number of additional boxes to be added to the rural route | <u>0</u> | | |
| 2. | Enter the number of additional miles to be added to the route | <u>2.00</u> | | |
| | Enter the volume factor | <u>0.00</u> | | |
| | Total (additional boxes x volume factor) | | | <u>0.00</u> |
| 3. | Enter the number of additional boxes to be added to the rural route | <u>0</u> | | |
| | Centralized boxes | <u>0.00</u> | x 1.00 Min | <u>0.00</u> |
| | Regular L route boxes | <u>0.00</u> | x 1.82 Min | <u>0.00</u> |
| | Regular Non-L route boxes | <u>0.00</u> | x 2.00 Min | <u>0.00</u> |
| | Total additional box allowance | | | <u>0.00</u> |
| 4. | Enter the number of additional daily miles to be added to the rural route | <u>2.00</u> | x 12 Mileage Standard | <u>24.00</u> |
| | Total additional minutes per week
(miles carried to two decimal places) | | | <u>24.00</u> |
| 5. | Total additional annual minutes (additional minutes per week year) | <u>24.00</u> | x 52 Weeks | <u>1,248.00</u> |
| 6. | Total additional annual hours (additional annual minutes/ 60 minutes per hour) | <u>1,248.00</u> | / 60 Minutes | <u>20.80</u> |
| 7. | Enter the rural cost per hour (see national payroll summary report – rural carrier, consolidated) | <u>30.76</u> | | |
| | Total Annual Cost (additional annual hours x rural cost per hour) | | | <u>639.81</u> |
| 8. | Enter lock pouch allowance (if applicable) | | | <u>0.00</u> |
| | Total annual cost for alternate service (annual cost minus lock pouch allowance) | | | <u>639.81</u> |

U.S. Postal Service POST OFFICE CLOSING OR CONSOLIDATION PROPOSAL Fact Sheet				1. Date Prepared 02/25/2011																								
2. Post Office Name HOXIE		3. State and ZIP + 4 Code AR 72433-9998																										
4. District, Customer Service ARKANSAS PFC	5. Area, Customer Service SOUTHWEST	6. County LAWRENCE	7. Congressional District AR01																									
8. Reason for Proposal to Discontinue POSTMASTER DOWNGRADED - within 5 miles of nearest office. Not discontinuing this office, reclassifying it as a Branch of Walnut Ridge		9. PO Emergency Suspend (Reason and Date) No Suspension		10. Proposed Permanent Alternate Service																								
11. Staffing		12. Hours of Service																										
a. <input type="checkbox"/> PM <input checked="" type="checkbox"/> PM Vacancy Reason & Date: was reassigned Occupied 01/02/2010 b. <input type="checkbox"/> OIC <input type="checkbox"/> Career <input type="checkbox"/> Non-Career c. Current PM POSITION Level (150)EAS-16 Downgraded from EAS-16 d. No of Clerks- 1 No of Career- 1 No of Non-Career- 0 e. No of Others- 3 No of Career- 2 No of Non-Career- 1		a. Time M-F 08:30 - 16:00 Sat Closed Total Window Hours Per Week a. Lobby Time M-F 24 hrs Sat 24 hrs 30.00																										
13. Number of Customers Served		14. Daily Volume (Pieces)																										
a. General Delivery 0 b. P.O. Box 197 c. City Delivery 1,020 d. Rural Delivery 265 e. Highway Contract Route Box 0 f. Total 1,482 g. No. Receiving Duplicate Service 0 h. Average No. Daily Transactions 51.40		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Types of Mail</th> <th>Received</th> <th>Dispatched</th> </tr> </thead> <tbody> <tr><td>a. First-Class</td><td>3,103</td><td>713</td></tr> <tr><td>b. Newspaper</td><td>626</td><td>11</td></tr> <tr><td>c. Parcel</td><td>52</td><td>7</td></tr> <tr><td>d. Other</td><td>0</td><td>0</td></tr> <tr><td>e. Total</td><td>3,781</td><td>731</td></tr> <tr><td>f. No. of Postage Meters</td><td></td><td>4</td></tr> <tr><td>g. No. of Permits</td><td></td><td>1</td></tr> </tbody> </table>			Types of Mail	Received	Dispatched	a. First-Class	3,103	713	b. Newspaper	626	11	c. Parcel	52	7	d. Other	0	0	e. Total	3,781	731	f. No. of Postage Meters		4	g. No. of Permits		1
Types of Mail	Received	Dispatched																										
a. First-Class	3,103	713																										
b. Newspaper	626	11																										
c. Parcel	52	7																										
d. Other	0	0																										
e. Total	3,781	731																										
f. No. of Postage Meters		4																										
g. No. of Permits		1																										
Finances a. FY		Receipts	b. EAS Step 1 PM Basic Salary (no Cola)	c. PM Fringe Benefits (33.5% of b.)																								
2008		\$ 78,106	\$ 54926	\$18,400																								
2009		\$ 71,340																										
2010		\$ 73,382																										
16a. Quarters																												
<input type="checkbox"/> Postal Owned <input checked="" type="checkbox"/> Leased (if Leased, Expiration Date) 01/31/2016 Annual Lease \$ 0 30-day cancellation clause? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Evicted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if Yes, must vacate by) Located in <input checked="" type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other Suitable alternate quarters available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
16b. Explain The Hoxie Post Office is in a stand-alone building. This request is for the re-classification of the Hoxie Post Office from a Post Office to a Branch of the Walnut Ridge Post Office which is located less than 1 mile away.																												
17. Schools, Churches and Organization in Service Area No. 10 see attached		19. Administrative/Emanating Office (Proposed) Name WALNUT RIDGE PO EAS Level 18 Miles Away 1.7 Window Service Hours: M-F 8:30 - 4:10 SAT closed Lobby Hours M-F 24 hrs SAT 24 hrs PO Boxes Available 141																										
18. Businesses in Service Area No. 88 see attached		20. Nearest Post Office (if different from above) Name WALNUT RIDGE PO EAS Level 18 Miles Away 1.7 Window Service Hours: M-F 8:30 - 4:10 SAT closed Lobby Hours M-F 24 hrs SAT 24 hrs PO Boxes Available 141																										
21. Prepared by																												
Printed Name and Title JACKIE STUBITSCH		Signature JACKIE STUBITSCH		Telephone No. AC () (501) 228-4171																								
PO Discontinuance Coordinator Name JACKIE STUBITSCH		Location LITTLE ROCK, AR																										



A. Office

Name: HOXIE State: AR Zip Code: 72433
Area: SOUTHWEST District: ARKANSAS PFC
Congressional District: AR01 County: LAWRENCE
EAS Grade: 16 Finance Number: 044302
Post Office: ☒ Classified Station ☐ Classified Branch ☐ CPO ☐

This form is a place holder for number 19. And the verification of new service type is complete.

Prepared by: Jackie Stubitsch
Title: ARKANSAS PFC Post Office Review Coordinator
Tele No: (501) 228-4171

Date: 05/12/2011
Fax No: (650) 577-5059



11/30/10

OIC/POSTMASTER

SUBJECT: HOXIE Post Office

Enclosed are questionnaires addressed to customers of the HOXIE Post Office. I have also enclosed additional copies of the questionnaires for any retail or other customer who wishes to complete one. Please furnish these questionnaires to retail customers upon request. All completed forms should be forwarded to my office by 12/16/10 for further review.

Jackie Stubitsch
Post Office Review Coordinator
Enclosures



11/30/2010

POSTAL CUSTOMER
HOXIE POST OFFICE
HOXIE, AR 72433

Dear Postal Service Customer:

As the Postal Service manager responsible for all Post Offices in your area, I would like your opinion concerning a possible change in the way your postal service is provided. The recommended change is tentative and will not lead to a formal proposal unless we conclude that it will provide a maximum degree of regular and effective service.

The Postmaster at the Hoxie Post Office was reassigned on 01/02/2010. The Office is being studied for possible closing or consolidation for the following reasons: POSTMASTER DOWNGRADED - within 5 miles of nearest office. Not discontinuing this office, reclassifying it as a Branch of Walnut Ridge

Briefly, we would like to provide pickup and delivery of your mail, as well as the sale of stamps and all other customary postal services, by classified branch emanating from the Walnut Ridge Post Office.

Retail services are also available at the Walnut Ridge Post Office, located 1.7 miles away. Hours of service at this office are 8:30 - 4:10, Monday through Friday, and closed on Saturday. Post Office box service is available at this location at the same fees.

I invite you to think about a possible change to classified branch. Please return the enclosed questionnaire by 02/17/2011 using the pre-addressed envelope provided or at the community meeting.

You may, of course, want to discuss this form of service with us before drawing any conclusions. Postal representatives will be at the on Thursday, February 17, 2011 from to to answer questions and provide information about our service. You may wish to discuss and submit your questionnaire at that time.

If you have any questions, you may call Jackie Stubitsch at (501) 228-4171.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink that reads "John R Confer". The signature is stylized with a large, sweeping "J" and "C".

JOHN CONFER
Manager, Post Office Operations
420 Natural Resources Dr
Little Rock, AR, 72205-4100

Enclosures:

Questionnaire and return envelope Summary of Post Office Change Regulations,
Carrier delivery information CBU information sheet (when appropriate)



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the HOXIE Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☐ NO
- b. Using for school bus stop ☐ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☐ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☐ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Mailing Address

Name:

Address:

Telephone:

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☒ _____
- Banking ☒ _____
- Employment ☐ _____
- Social needs ☒ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: HAROLD D AUSTIN
(please print your name)

Address: 1927 HWY 63B Hoxie

Telephone number: 870-826-7849 Date: 16 OCT 10



DOCKET NO.

72433

ITEM NO.

22

PAGE

2

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	Jonesboro
Personal needs	<input type="checkbox"/>	
Banking	<input type="checkbox"/>	
Employment	<input type="checkbox"/>	
Social needs	<input type="checkbox"/>	



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Judy Holder
(please print your name)

Address: 309 SW Boas Hoxie

Telephone number: _____

Date: 10/19/10



DOCKET NO. 72433
ITEM NO. 22
PAGE 3-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2 times a year
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 time a year

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	W.R.
Personal needs	<input checked="" type="checkbox"/>	W.R.
Banking	<input checked="" type="checkbox"/>	W.R.
Employment	<input type="checkbox"/>	
Social needs	<input type="checkbox"/>	



DOCKET NO. 72433
ITEM NO. 22
PAGE 3-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Joe Whaley
(please print your name)

Address: 1737 Hwy 67-5

Telephone number: 1-870-886-3546 Date: 10-16-10



DOCKET NO.
ITEM NO.
PAGE

72483

22

4-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 4-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒ No Opinion ☐ Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Shelia Bullard
(please print your name)

Address: 1451 Hwy 67, Hoxie, AR 72433

Telephone number: 870 8759-1776 Date: 10-18-10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/> <u>Jonestown</u>
Personal needs	<input checked="" type="checkbox"/> <u>Walnut Ridge</u>
Banking	<input checked="" type="checkbox"/> <u>Walnut Ridge</u>
Employment	<input type="checkbox"/> <u>Hoxie</u>
Social needs	<input checked="" type="checkbox"/> <u>Mountain Home</u>

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

If we receive the mail the same and can
send out the same - fine -

Everything has been O.K.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

We get 6 surveys but I am
only filling one out -

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____

(please print your name)

Address: _____

H05 NW Texas on P.O. Box 60

Telephone number: _____

870 886 5726

Date: _____

10-18-2010



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	_____
Personal needs	<input checked="" type="checkbox"/>	_____
Banking	<input checked="" type="checkbox"/>	_____
Employment	<input checked="" type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

~~I don't want to take it in~~

I don't think just leave it in
Hoxie post office is good for me

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Virginia Edith
(please print your name)

Address: 614 Pine St Hoxie Mo 64501

Telephone number: _____ Date: _____

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Walnut Ridge / Jonesboro
- Personal needs ☒ Walnut Ridge / Jonesboro
- Banking ☒ Walnut Ridge
- Employment ☒ Walnut Ridge
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: SARA Gilliam
(please print your name)

Address: 523 SE 3rd, Hoxie, AR 72433

Telephone number: 870-886-7711 Date: 10-20-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 8

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☒ Batesville

Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Kenneth W Holder
(please print your name)

Address: 306 E Walnut St Hoxie

Telephone number: 870 679 9488 Date: 10-25-10



DOCKET NO.
ITEM NO.
PAGE

72433
22
9

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ JONESBORO - RETAIL

Personal needs ☒ 1. 1.

Banking ☐

Employment ☐

Social needs ☐

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

RICIA LEWIS

(please print your name)

Address:

2630 SE FRONT ST. HOXIE

Telephone number:

(817) 637-3591

Date:

10-18-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro
- Personal needs ☒ ~~Wal-Mart~~ Walnut Ridge
- Banking ☒ ~~Wal-Mart~~ Walnut Ridge
- Employment ☒ Retire
- Social needs ☒ Hoxie



4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: MARY ABBOTT
(please print your name)

Address: 809 MAPLE ST HOXIE-AR 72433

Telephone number: 8861938 Date: 10-18-2010



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: Walnut Ridge, Jonesboro Race it

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro
- Personal needs ☒ _____
- Banking ☐ _____
- Employment ☒ wife at hospital
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

It would be a change and hard to get used to.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

would be ok if it protects my privacy

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: ARNOLD E PIERCE
(please print your name)

Address: 1006 SW MAPLE

Telephone number: 886-7466 Date: 10-19-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: WALNUT RIDGE POST OFFICE

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ Jonesboro



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Cox KAWASAKI By Donna Sheets
(please print your name)

Address: PO Box 65 Hoxie AR 72433

Telephone number: 870-886-3239

Date: 10/19/10

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I DON'T SEE ANY PROBLEM

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

ITS PRETTY BAD WHEN YOU HAVE 2 POST OFFICES
WITHIN 2 MILES OF EACH OTHER

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: LARRY FORRESTER
(please print your name)

Address: 105 NW RANDOLPH

Telephone number: 870-759-1315 Date: 10-19-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



DOCKET NO.
ITEM NO.
PAGE

72433

22

14-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: WALNUT Ridge Post office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ WALNUT Ridge; Jonesboro

Personal needs ☒ " "

Banking ☒ " "

Employment ☐ Retired

Social needs ☒



DOCKET NO. 72433
ITEM NO. 22
PAGE 14-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

There would be no change for me. I get most of my mail in post office box at Walnut Ridge post office.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: ROSETTA DUCKWORTH
(please print your name)

Address: 614 SE Pine APT. 5

Telephone number (870) 637-2283 Date: 10-19-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 15

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: Portia

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro

Personal needs ☐ _____

Banking ☐ _____

Employment ☒ Clower Bend

Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I don't have an issue with our postal service, the only thing is that we get a bunch of mail that doesn't belong to us.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

I feel like only the post office knows what is best because ya'll know what goes into delivering mail.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Jessica Langston
(please print your name)

Address: 208 NE 2nd St. Apt. A Hoxie, AR 72433

Telephone number: 809-1407 Date: 10/19/10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge & Bone postal

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro & Pathonton
- Personal needs ☒ Jonesboro & Pathonton
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ Jonesboro

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

None.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*Can't get any services until 8:30 - 9:00 A.M.
it's closed on Saturdays, so I use Walnut Ridge
postal services; it's open 1/2 day on Saturdays.*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: CECIL M. MANKEY
(please print your name)

Address: 400 N.W. RANDOLPH ST. HOXIE

Telephone number: 809-1894 Date: 10-19-10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge post office, Hoxie Postal

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Sams Club
- Personal needs ☐
- Banking ☐
- Employment ☐
- Social needs ☐



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

1. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

TERI JONES

(please print your name)

Address:

405 S.W. Broad St

Telephone number:

870-637-4792

Date:

10/17/10



DOCKET NO. 72433
ITEM NO. 22
PAGE 18

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ Ways
- Personal needs ☐ Dollar Store (General)
- Banking ☐ First National Bank
- Employment ☐ Retired
- Social needs ☐ Hoxie Church of Christ

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

None

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

None

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: James B. Hays Jr.

(please print your name)

Address: P.O. Box 7 Hoxie, AR 72433

Telephone number: 870-886-3557

Date: 10-21-00



DOCKET NO.
ITEM NO.
PAGE

72433
22
19

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro, AR
- Personal needs ☒ Jonesboro, AR
- Banking ☐ _____
- Employment ☒ Jonesboro, AR
- Social needs ☒ Jonesboro, AR



4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

None

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: Larry Abbott
(please print your name)

Address: 1145 Midway Road

Telephone number: 870-8865815 Date: 10-18-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro, Ar / Walnut Ridge, Ar
- Personal needs ☒ " "
- Banking ☒ Jonesboro, Ar
- Employment ☐ _____
- Social needs ☒ Jonesboro, Ar / Walnut Ridge, Ar

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*Have a working stamp machine
to purchase postage stamps!*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Lida Tinker
(please print your name)

Address: 104 SE 4th

Telephone number: 870 886 5694 Date: 10-20-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Steve Hopkins
(please print your name)

Address: 333 B Ringle St Hoxie Ar 72433

Telephone number: _____ Date: 10-20-10



DOCKET NO.

72433

ITEM NO.

22

PAGE

22

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices:

Walnut Ridge Post office is 3 blocks off
the roads I use

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☒ _____
- Banking ☐ _____
- Employment ☒ _____
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Mary Ditto
(please print your name)

Address: 418 SW Broad Hoxie 72433

Telephone number: 886-1705 Date: 10-16-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Goneshoro
- Personal needs ☒ Doctors App - Goneshoro or Little Rock
- Banking ☐ May 12 by Post office in Hoxie
- Employment ☐ I am on disabled Social Security
- Social needs ☒ relatives in Chev. Village / Goneshoro

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

My service is great!

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

N/A

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Kaye Wright
(please print your name)

Address:

2510 SE. Front ST.

Telephone number:

870-844-0227

Date:

10-21-10

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

901110 1209 985151 tun/low

*onad2002
onad2002*

For additional comments, please add on a separate piece of paper and attach to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Donnie Davidson
(please print your name)

Address:

315 S.W. Randolph

Telephone number:

870-637-3868

Date:

10-19-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices:

Walnut Ridge Post office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping



Jonesboro

Personal needs



Jonesboro

Banking



Employment



Jonesboro

Social needs



Jonesboro

Dorrie D. Davis

312 S.W. Highway 61

01-01-01

2025-230-018



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>some times</i>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 25-2

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: MARGIE L. DIGGS
(please print your name)

Address: 1412 SW. MAPLE, Hoxie, ARK.

Telephone number: 870-886-2528 Date: 10-18-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☒ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒ No Opinion ☐ Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: MARY DUNNIVANT
(please print your name)

Address: 209 Towne St Hoxie, Ar. 72433

Telephone number: Date: 10-30-88



DOCKET NO.

72433

ITEM NO.

22

PAGE

27

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices:

Walnut Ridge Post Office
Walnut Ridge, AR.

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

☒ Jonesboro, AR.

Personal needs

☐

Banking

☐

Employment

☐

Social needs

☒ Jonesboro, AR.



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

None

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

None
as long as I get my mail

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Mary Presley
(please print your name)

Address:

503 N.E. 2nd St. Hoxie, AR. 72433

Telephone number:

870-637-5416

Date:

10-19-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro (Mall, Sams, Kroger)
- Personal needs ☒ Jonesboro (Childrens Clinic)
- Banking ☒ Walnut Ridge (Regions)
- Employment ☐ _____
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

As long as our mail service would not change I do not see a problem. If it would save money without changing service it is a great idea.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

The person who carries mail in our neighbor hood seems to waste a lot of time and gas running back and forth down the road.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Brittany Ward
(please print your name)

Address: 213 SE Gibson

Telephone number: 870-759-0282 Date: 10-19-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices:

Hoxie Post office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ different areas, ect
- Personal needs ☒
- Banking ☒
- Employment ☒
- Social needs ☒



4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Glenda Smith
(please print your name)

Address: 415 NW Lawrence Hoxie Ar 72433

Telephone number: _____ Date: 10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Meatim Fulton
(please print your name)

Address: 401 NE EVA Hoxie AR 72433

Telephone number: 870-880-9197

Date: 10-18-2010



DOCKET NO.
ITEM NO.
PAGE

72433

22

30-2

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Townesboro

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Melissa Mashburn
(please print your name)

Address: P.O. Box 223 Hoxie, AR. 72433

Telephone number: _____

Date: 10-19-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

32-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☒ _____
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒No Opinion ☐Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Brandon or Hunter Davis
(please print your name)

Address: 1410 SW Maple Hoxie, Ar. 72433

Telephone number: 870-759-0880 Date: 10/18/10



DOCKET NO.
ITEM NO.
PAGE

72433
22
33

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Jonesboro, Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro

Personal needs ☒ Jonesboro

Banking ☐ _____

Employment ☒ Jonesboro

Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

None

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Vincent Baker
(please print your name)

Address: 656 Lawrence Road 514 Hoxie, AR 72433-8949

Telephone number: 870-886-6061 Date: 10/18/10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☒ _____
- Banking ☐ _____
- Employment ☒ _____
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Michael Householder
(please print your name)

Address: P.O. Box 92 Hoxie AR 72433

Telephone number: 870-809-0759 Date: 10-25-2010



DOCKET NO.
ITEM NO.
PAGE

72433
22
35

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices:

Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping



Walnut Ridge

Personal needs



Banking



Employment



Social needs





4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

*My Mail May get to My Box when
It is supposed to.*

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Ethel Tompkins
611 SE Cotter St
Hoxie AR 72433-2212

Address: _____

Telephone number: 870-886-3269

Date: 10/30/10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> sometimes

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge + Pocahontas

3. For which of the following do you leave your community? (If that applies, where do you go to obtain these services?)

- Shopping ☒ _____
- Personal needs ☒ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I think that things will still be alright.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Michelle Cole
(please print your name)

Address: 403 SE Elm St Apt #5

Telephone number: 810 637-3648 Date: 10/30/10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro - Peachtree
- Personal needs ☒ Jonesboro
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ Pargould - Alicia - Jonesboro - Walnut Ridge



4. Do you currently use local businesses in the community?

Yes



No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good



No Opinion



Unfavorable



6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Judy Toler

(please print your name)

Address:

210 NW Edgar

Hoxie Ar 72433

Telephone number:

Date:

11-1-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Walnut Ridge
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ Church in Walnut Ridge

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

I'm OK with this as long as no postal workers lose their jobs. The workers at Hoxie are part of our community. We know them & see them daily. I don't want to see changes if it means someone will lose their job.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Rena Cullum
(please print your name)

Address: 2510 SE 3rd St. Hoxie AR 72433

Telephone number: 870-886-9271 Date: 10-30-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Bono, AR

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro, AR
- Personal needs ☐
- Banking ☒ Walnut Ridge
- Employment ☒ Jonesboro, AR
- Social needs ☐



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒ No Opinion ☐ Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: KATHY WILLIAMS
(please print your name)

Address: P.O. BOX 111 Hoxie, AR

Telephone number: 870 759-0236 Date: 10-23-10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro - Walnut Ridge - Pocahontas
- Personal needs ☒ Walnut Ridge
- Banking ☒ Hoxie - Walnut Ridge
- Employment ☐ _____
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

My Family doesn't expect any changes per your statement to that effect. If anything, it would be better.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

If you were to change Hoxie Post Office to a classified station we would beg that it not be a consideration to further "close" the station at a later date. In that the change would undoubtedly save the Postal Service money to some extent we would sincerely hope that this change would suffice for awhile. At times the Walnut Ridge Post Office is so busy that it should be a plus to keep Hoxie open.

For additional comments, please add on a separate piece of paper and attach it to this form.

Thank you for taking the time to complete this questionnaire.

Name: Tim J. Hutsell
(please print your name)

Address: 812 S.W. Lawrence St.

Telephone number: 870-886-2399 Date: 10/26/10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Bobby C Watson PO Box 221
(please print your name)

Address:

Hoxie Ark 72443

Telephone number:

886-5634

Date:

2-18-19



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Walnut Ridge, AR 72476 Jonesboro, AR 72401
- Personal needs ☒ " "
- Banking ☐ Walnut Ridge, AR 72476, also Hoxie, AR 72433
- Employment ☐ _____
- Social needs ☒ Jonesboro, AR 72401



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Boydell Tucker
(please print your name)

Address:

106 Bay Dr. Hoxie, AR 72433

Telephone number:

(870) 886-6418

Date:

10-20-10



DOCKET NO. 72483
ITEM NO. 22
PAGE 43

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge Post Office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Sometimes - Jonesboro, Ar.

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☒ Sometimes - Jonesboro, Ar.



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: David Penn
(please print your name)

Address: 173 Park Ave

Telephone number: 870-637-2679 Date: 10/15/10



DOCKET NO.

72433

ITEM NO.

22

PAGE

84

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☒ Jonesboro _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒ No Opinion ☐ Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

i. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

ii. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: FRAN TUCKER
(please print your name)

Address: 100 S CROSSROADS

Telephone number: 501-454-4193 Date: 10/20/10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	_____
Personal needs	<input checked="" type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input checked="" type="checkbox"/>	_____
Social needs	<input checked="" type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Sheenna Beasley
(please print your name)

Address: 415 Elm St, Hoxie AR 72433

Telephone number: _____

Date: 10-16-10



DOCKET NO.

72433

ITEM NO.

22

PAGE

46

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input checked="" type="checkbox"/>	<u>Towarboro</u>
Banking	<input type="checkbox"/>	_____
Employment	<input checked="" type="checkbox"/>	<u>Towarboro</u>
Social needs	<input checked="" type="checkbox"/>	<u>Towarboro</u>



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Byrum C. Campbell
(please print your name)

Address: 207 N.W. Texas #2 Hoxie AR 72433

Telephone number: 1-870-219-1511 Date: 10-15-10



DOCKET NO.

ITEM NO.

PAGE

72433

22

47-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<u>Tonawanda</u>
Personal needs	<input checked="" type="checkbox"/>	<u>Walnut Ridge</u>
Banking	<input checked="" type="checkbox"/>	<u>Hoxie</u>
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



DOCKET NO. 72433
ITEM NO. 22
PAGE 47-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

Same as is

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Ervin Kapales
(please print your name)

Address: 603 S.W. Hartigan Hoxie

Telephone number: 875-886-2740 Date: 10-16-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☐

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

*I think it would be just as good,
as long as I get my mail I don't
care.*

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Bearline Kisting
(please print your name)

Address:

207 Boas, Hoxie, ar 72433

Telephone number:

Date:

10-16-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

49

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Barbara Whitmire
(please print your name)

Address: 510 SW Texas St Hoxie, AR 72433

Telephone number: 870-886-9570

Date: 10-25-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

50-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ _____

Personal needs ☒ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



DOCKET NO.

72433

ITEM NO.

82

PAGE

50-2

4. Do you currently use local businesses in the community?

Yes ☒No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒No Opinion ☐Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: KATIE ANDERSON
(please print your name)

Address: 600 N W. EDGAR ST #9 Hoxie

Telephone number: 870-886-6181

Date: 10-22-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 51-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ _____

Personal needs ☒ _____

Banking ☐ _____

Employment ☒ _____

Social needs ☒ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 512

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: CHARLES MCELRAITH
(please print your name)

Address: 432 AFFINITY ST.

Telephone number: 870-886-3238 Date: 10-28-10



DOCKET NO.
ITEM NO.
PAGE

72433
22
52

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/> <u>Somerset</u>
Personal needs	<input checked="" type="checkbox"/> <u>Walnut Ridge (Wal-Mart)</u>
Banking	<input type="checkbox"/> _____
Employment	<input type="checkbox"/> _____
Social needs	<input type="checkbox"/> _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒ No Opinion ☐ Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Angie Willford
(please print your name)

Address:

505 NW Texas

Telephone number:

(870) 886-9599

Date:

10-18-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

53

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: Physically unable to drive.

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐
- Personal needs ☐ going to get medication & Dr. appointments
- Banking ☐
- Employment ☐
- Social needs ☐

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

If a person will be there to sell stamps,
Sometimes stamp machines do not work.

Will the place have security incase anyone
tries to tamper with people's mail.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Debra Baxter
(please print your name)

Address: P.O. Box 111 Hoxie, AR 72433

Telephone number: _____ Date: 10/27/10



DOCKET NO.

72433

ITEM NO.

22

PAGE

54

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices: W.R. Post Office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<u>(Sometimes) Paragould, Jonesboro, Memphis</u>
Personal needs	<input type="checkbox"/>	
Banking	<input type="checkbox"/>	
Employment	<input checked="" type="checkbox"/>	<u>Paragould</u>
Social needs	<input checked="" type="checkbox"/>	<u>Paragould, Jonesboro, Memphis</u>

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

Sounds as if nothing would change -

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Mary E. Smith
(please print your name)

Address: 2616 SE Front St. Hoxie

Telephone number: 870 886 7248 Date: 10-22-10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: Walnut Ridge Post Office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ Jonesboro



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Jaime Hill
(please print your name)

Address: 427 NW Edgar, Hoxie, AR 72433

Telephone number: 870-637-4910 Date: 10-25-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

56-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 56-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Fred Williams
(please print your name)

Address: 203A Cleveland Hoxie AR 72433

Telephone number: 870 759-0011 Date: 10-25-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

57

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxle Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: Black Rock / McInturn / Alicia / Powhatan
Lynn / Strawberry

Which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro, AR
- Personal needs ☒ Jonesboro, AR
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

no noticable difference

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Dale E. Reid
(please print your name)

Address: 400 Eva Hoxie, AR

Telephone number: 501421939 Date: 10-17-2010



DOCKET NO.

72433

ITEM NO.

22

PAGE

58-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices:

Walnut Ridge Ar.

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

Jonesboro - Walnut Ridge

Personal needs

Walnut Ridge

Banking



Employment



Social needs

Walnut Ridge - Jonesboro

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Annetta Rogers
(please print your name)

Address: 427 NW Lawrence Hoxie Ar 72433

Telephone number: _____

Date: 10-16-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____

Do all in Hoxie

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: ROY L MEEHAR
(please print your name)

Address: 310 SE 4TH.

Telephone number: 886-5068 Date: 10-18-2010



DOCKET NO.
ITEM NO.
PAGE

72433
22
60

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Hoxie Diesel Service
(please print your name)

Address: 406 S E Lindsay, Hoxie, AR

Telephone number: 870-886-9704 Date: 10-18-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices: Walnut Ridge Post Office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Walnut Ridge

Personal needs ☒ Walnut Ridge

Banking ☒ Walnut Ridge

Employment ☒ Walnut Ridge

Social needs ☒ Walnut Ridge



DOCKET NO.
ITEM NO.
PAGE

72433

22

61-2

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒ No Opinion ☐ Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Debra K Duckworth
(please print your name)

Address: 420 N.E. Circle Dr Hoxie, AR 72433

Telephone number: 870-637-2629 Date: 10-16-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 62

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sometimes
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices:

Wichita Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	_____
Personal needs	<input checked="" type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input checked="" type="checkbox"/>	_____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. -What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Deborah Mayland

(please print your name)

Address: 210 SE Lombay Ave Cor. 7433

Telephone number: 870-86-2228

Date: 10/18/10



DOCKET NO. 72433
ITEM NO. 22
PAGE 63

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices:

Walnut Ridge, Missouri

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☒ _____
- Banking ☐ EL PASO TX
- Employment ☐ _____
- Social needs ☒ Jonesboro, Tunisia EL PASO TX

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

I believe that the small post offices such as
Minturn, Alicia, should be closed and a box system
for those people who need delivery to those towns.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____

(please print your name)

Address: _____

Telephone number: _____

Date: 10-16-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

69

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: Sedwick And Jonesboro

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ Jonesboro
- Personal needs ☐ Walnut Ridge And Jonesboro
- Banking ☐ Walnut Ridge
- Employment ☐ Jonesboro
- Social needs ☐ Jonesboro



4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: SHARON Goodwin
(please print your name)

Address: 107 Ester Dr

Telephone number: _____

Date: 10-18-2010



DOCKET NO. 72433
ITEM NO. 22
PAGE 65

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐
If yes, which offices: Porter and Jonesboro

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro / Black Rock

Personal needs ☒ Black Rock / Jonesboro / Walnut Ridge

Banking ☒ Jonesboro

Employment ☒ Jonesboro

Social needs ☒ Jonesboro

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Gene & Bernadine Privett
(please print your name)

Address: 221 LAW Hoxie AR 72433

Telephone number:

Date: 10/18/10



DOCKET NO.

72433

ITEM NO.

22

PAGE

66

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Walnut Ridge - Jonesboro
- Personal needs ☒ Walnut Ridge
- Banking ☒ Walnut Ridge
- Employment ☐ _____
- Social needs ☒ Walnut Ridge

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Opha Arnold
(please print your name)

Address: 1038 Midway Rd.

Telephone number: 226-6882 Date: 10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 57

Postal Customer Questionnaire

Varies for me!

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☒

If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input checked="" type="checkbox"/>	<u>Gonesboro, Pocahontas, and Varies</u>



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Melissa M. Sanders Melissa M. Sanders
(please print your name)

Address: 411 SW Gibson

Telephone number: 479 2954388 Date: 10/16/10



DOCKET NO.
ITEM NO.
PAGE

72433
22
68

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	NO
Personal needs	<input type="checkbox"/>	NO
Banking	<input type="checkbox"/>	NO
Employment	<input type="checkbox"/>	NO
Social needs	<input type="checkbox"/>	NO

DR's Appt's only

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

X
X
X

X
X
X

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Gregory A. Stayton
(please print your name)

Address:

922 S.W. Goldman Hoxie AR 72433

Telephone number:

870-886-2018

Date:

10/16/2010

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices:

I pass both offices - the one in
Hoxie & Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

☒ Hoxie & Walnut Ridge

Personal needs

☒ Hoxie & Walnut Ridge

Banking

☐ we don't have an account

Employment

☒ Walnut Ridge

Social needs

☒ Walnut Ridge

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

N/A

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: The Cooks
(please print your name)

Address: 1403 Maple St Hoxie AR 72433

Telephone number: (800) 809-4019 Date: 10-16-10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☒ _____
- Banking ☒ _____
- Employment ☒ _____
- Social needs ☒ _____

James H. Hoxie, AR

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

Close it!

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____

(please print your name)

Address: _____

Telephone number: _____

Date: _____

Jesse Carl Rider
900 5th Broad Hoxie
886-5031 *10-16-10*



DOCKET NO.

ITEM NO.

PAGE

72433

28

11-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☐

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



DOCKET NO.

ITEM NO.

PAGE

72433

22

71-2

4. Do you currently use local businesses in the community?

Yes ☒No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒No Opinion ☐Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

i. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

ii. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: HOXIE BAPTIST CHURCH
(print name of your business)
200 S. W. LINDSEY

Address: HOXIE, AR 72433

Telephone number: 870-886-2260 Date: 10/18/10



DOCKET NO.

72433

ITEM NO.

22

PAGE

72

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices:

Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

Jonestown, Hoxie, Walnut Ridge

Personal needs



"

"

Banking



"

Hoxie

Employment



Social needs

Jonestown

"

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

It appears there would be no effect in services

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

I see no need for each town to have a Postmaster. If services would be available at Hoxie, then I see no reason not to reclassify.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Willard Dickerson
(please print your name)

Address: 811 SW Maple St, Hoxie,

Telephone number: 886-5338 Date: 10/16/10



DOCKET NO.
ITEM NO.
PAGE

72433

28

13

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices:

Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

☒ Walnut Ridge

Personal needs

☒ Walnut Ridge

Banking

☒ Walnut Ridge

Employment

☒ Jonesboro

Social needs

☒ Walnut Ridge

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

unfavorable if my address would change

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Joanner Noble
(please print your name)

Address: 411 N.W. Lawrence Hoxie, Ark. 72433

Telephone number: 870-886-1579 Date: 10/16/10
870-219-5872



DOCKET NO. 72433
ITEM NO. 22
PAGE 74

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Walnut Ridge

Personal needs ☒ Walnut Ridge

Banking ☒ Walnut Ridge

Employment ☐ _____

Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Connie Carr
(please print your name)

Address: 407 NW Lawrence, Hoxie, MO 64433

Telephone number: 870 826-7614 Date: 10-18-10



DOCKET NO.
ITEM NO.
PAGE

72433

82

75-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: _____

Mailing letters

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	_____
Personal needs	<input checked="" type="checkbox"/>	_____
Banking	<input checked="" type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input checked="" type="checkbox"/>	_____



DOCKET NO. 72433
ITEM NO. 22
PAGE 75-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Kathy Young
(please print your name)

Address:

600 N. E. Cedar Hoxie OK 72433

Telephone number:

8865968

Date:

10-16-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 76

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro, Arkansas

Personal needs ☒ Jonesboro, Arkansas

Banking ☒ Jonesboro, Arkansas

Employment ☒ Jonesboro, Arkansas

Social needs ☒ Jonesboro, Arkansas



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 77-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge & Jonesboro

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☒ _____
- Banking ☒ _____
- Employment ☐ _____
- Social needs ☒ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 77-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: CARROLL WAYNE HICKMAN
(please print your name)

Address: _____

Telephone number: 870-926-6595 Date: 10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 78-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices:

Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☒ Paragould AR
- Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 8-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☒ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 74-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Thank you

Address: _____

Telephone number: _____

Date: 10-15-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 80

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Walnut Ridge

Personal needs ☒ Walnut Ridge

Banking ☐ _____

Employment ☒ Walnut Ridge

Social needs ☒ Walnut Ridge



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



DOCKET NO. 72433
ITEM NO. 82
PAGE 81

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>Whenever needed</i>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>Whenever needed</i>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____

Medical needs - Jonesboro & Memphis



UNITED STATES
POSTAL SERVICE

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒ No Opinion ☐ Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

- I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

No Comment

- II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____

DOCKET NO.

ITEM NO.

PAGE

72433

22

82

UNITED STATES
POSTAL SERVICE

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

AULINE BANTER
(please print your name)

Address:

308 HAYES ST

Telephone number:

870-450-5542 Date: 10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 83

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☐

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

as long as I get my mail.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Ruby Powers

(please print your name)

Address:

806 SW Law. St 72433

Telephone number:

Date:

10-16-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 84

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OCCASIONALLY
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OCCASIONALLY
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒ No Opinion ☐ Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Hoxie Diesel Service
(please print your name)

Address: P.O. Box 250, Hoxie, AK 92453

Telephone number: 876-886-9764 Date: 10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 85

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Hoxie Post Office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Walnut Ridge & Jonesboro

Personal needs ☒ " "

Banking ☒ " "

Employment ☒ " "

Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Wilma Rogers
(please print your name)

Address: 904 SW LHW, Hoxie, AR 72433

Telephone number: _____

Date: 10-16-10



DOCKET NO.

ITEM NO.

PAGE

72433

22

80

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices:

Walnut Ridge, Ar. Fortia, Ar.

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒
- Personal needs ☒
- Banking ☐
- Employment ☒
- Social needs ☐

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

A good Ideal!

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____

Peggy Tinsley
(please print your name)

Address: _____

611 Lawrence St

Telephone number: _____

870-886-2953

Date: _____

10-17-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

87-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ Walnut Ridge
- Personal needs ☐ Hoxie
- Banking ☐ Hoxie
- Employment ☐ Retiro
- Social needs ☐ Hoxie + Walnut Ridge



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

good.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

NONE

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: JACKIE ACOSTA
(please print your name)

Address: 600 NW EDGAR APT 12 HOXIE

Telephone number: 870-679-0361 Date: 10/14/10



DOCKET NO. 72433
ITEM NO. 22
PAGE 88

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: partia

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒

Personal needs ☒

Banking ☒

Employment ☐ Revised

Social needs ☒



4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Verdie Middlecoff
(please print your name)

Address: 202 S free ST. Hoxie, Ar 72433

Telephone number: 870-886-2587 Date: 10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 89

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☐

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes



No



5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good



No Opinion



Unfavorable



6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Rebbie J. Spargo

(please print your name)

Address:

2118 SW Broad St., Hoxie MO 64433

Telephone number:

(870) 886-7013

Date:

10/15/10



DOCKET NO.
ITEM NO.
PAGE

72433

22

90

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Hoxie School
(please print your name)

Address: 305 SW Alice St., Hoxie, AR 72433

Telephone number: _____ Date: 10-18-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

91

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ _____

Personal needs ☒ _____

Banking ☐ Bank in Hoxie

Employment ☒ _____

Social needs ☒ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

No Comments

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

No Comments

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Joyce Hutsell
(please print your name)

Address:

209 SW Goldman St

Telephone number:

870-886-6455

Date:

10-17-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 92

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Camuel Jones
(please print your name)

Address:

P.O. Box 325

Telephone number:

870-886-7331

Date:

10-18-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Hoxie School

(please print your name)

Address:

P.O. Box 130, Hoxie, AR 72433

Telephone number:

Date:

10/18/10



DOCKET NO. 72433
ITEM NO. 22
PAGE 94

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Hoxie School
(please print your name)

Address: P.O. Box 240, Hoxie, AR 72433

Telephone number: _____

Date: 10-18-10



DOCKET NO.

72433

ITEM NO.

22

PAGE

95

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☒ Walnut Ridge
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ Walnut Ridge



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Gerald Adkisson
(please print your name)

Address: 415 N. W. Edgar St. Hoxie, AR

Telephone number: _____ Date: 10-17-10



DOCKET NO.

ITEM NO.

PAGE

72433

22

46

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Hoxie School

(please print your name)

Address: 306 SW Alice, Hoxie, AR 72433

Telephone number: _____

Date: 10-18-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



DOCKET NO.

ITEM NO.

PAGE

72433

22

912

4. Do you currently use local businesses in the community?

Yes ☒No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒No Opinion ☐Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Hoxie School

(please print your name)

Address:

602 SW Hartigan Hoxie AR 72433

Telephone number:

Date:

10-18-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

98

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☒ Jonesboro



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____

(please print your name)

Address: _____

Telephone number: _____

Date: _____

Marsha Jones
780 LAW 514, Hoxie, AR 72433
10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 99-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge, AL 37476

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro, AL + Walnut Ridge
- Personal needs ☒ Walnut Ridge
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ Walnut Ridge



DOCKET NO. 72433
ITEM NO. 22
PAGE 99-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Patricia Douglas
(please print your name)

Address: 504 S.E. 3rd Hoxie, AR 72433

Telephone number: 809-4284 Date: 10-16-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 108-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____

Doctor _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 100-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒ No Opinion ☐ Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

Leave where its At

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: James Chappel
(please print your name)

Address: 205 NE Cleveland

Telephone number: _____ Date: 10-16-20



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☐ _____
- Banking ☒ _____
- Employment ☐ _____
- Social needs ☒ _____



4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Donald & Becky Gray
(please print your name)

Address:

404 N.W. Sullivan

Telephone number:

Date:

10/16/10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Jonesboro, on Race Street

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro Walmart
- Personal needs ☒ Jonesboro
- Banking ☒ Jonesboro Regions
- Employment ☒ Jonesboro - Heritage
- Social needs ☒ Jonesboro, AR Memphis, TN Selmer, TN

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I honestly do not see how this affects me in any way. If all the same services are still provided, why does it even matter.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Kelsey Duft
(please print your name)

Address:

2115 Front St, Hoxie AR 72433

Telephone number:

8707615942

Date:

10/16/10



DOCKET NO.

ITEM NO.

PAGE

72433

22

103

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Donna S. Evans

(please print your name)

Address: 703 Horseshoe DR. Hoxie, Ar. 72433

Telephone number: 870-886-3848 Date: 10-18-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
 b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒
 Personal needs ☒
 Banking ☒
 Employment ☒
 Social needs ☒



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Lisa Cuggins
(please print your name)

Address: 101 Rose Garden

Telephone number: 870759 0756 Date: 10-16-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

104-2

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☒ _____
- Banking ☐ _____
- Employment ☒ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

if you would Build a new Post
Office in the middle or close to it
for both towns.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Dennis Coggins
(please print your name)

Address:

101 Rose Garden Hoxie

Telephone number:

8762100549

Date:

10-16-10



DOCKET NO.

72433

ITEM NO.

22

PAGE

105

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money or	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special s Certified mail, Regi Delivery Confirmati Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Ma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

UNFAVORABLE
69

Other postal services:

- a. Entering permit mail
b. Resetting/using post:

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) _____ you go to obtain these services?

Shopping ☒ Panama & Pocahontas or Jonesboro, ARK.

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

1. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Betty J. Stayton
(please print your name)

Address: 201 S.W. Gibson St. Hoxie, ARK. 72433

Telephone number 820-886-5258 Date: 10-18-10



Postal Customer Questionnaire

DOCKET NO.

ITEM NO.

PAGE

72433

82

108

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☐

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____

DOCKET NO. 122ITEM NO. 25PAGE 1

4. Do you currently use local businesses in the community?

Yes ☐No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐No Opinion ☐Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

I do not want Walmit ledge in charge of my mail its fine just like it is. let us be in charge of theirs

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: Virginia SHARP
(please print your name)

Address: 605 SE Cotter

Telephone number: 820-886-6531 Date: 10-16-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

107-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: Walmart Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☒ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 107-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Want Hoxie to manage its own

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: DAVID GRAY
(please print your name)

Address: 505 SE MILLER

Telephone number: 870-809-0615 Date: 10-16-10



Postal Customer Questionnaire

DOCKET NO. 72433
ITEM NO. 22
PAGE 108

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Seldom
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> "
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> "
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Seldom
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ I see no reason for Postal

Personal needs ☐ Service to be concerned about

Banking ☐ These things. Nothing here

Employment ☐ applies to the Post Office

Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

If There will be no changes. To The services, why
Not leave Things as They are? This makes No sense.
If it ain't broke, don't Fix it.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

The reason I use The W.R. Post office mostly, is
because it is more convenient for me.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Lowell Smith
(please print your name)

Address: 408 N.E. 3rd ST.

Telephone number: 870-759-0709 Date: 10-16-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

109

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, <u>Insured mail</u> , Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☒ _____
- Banking ☒ _____
- Employment ☐ Retired
- Social needs ☒ _____

my mailing address
since 1940

always pay on time
Alene H. Hissom
RD 1 Box 111111



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

ALENE H GRISSOM
(please print your name)

Address:

PO BOX 254

Telephone number:

870-286-9256

Date:

10-18-2010



DOCKET NO.

72433

ITEM NO.

22

PAGE

110

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐If yes, which offices: Minturn

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

☒ Hoxie

Personal needs

☒ Hoxie

Banking

☒ Hoxie

Employment

☒ Hoxie & Jonesboro

Social needs

☒ Hoxie



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

When I come into Hoxie 99% of the time I go just to Hoxie and home. It will put me out alot. I dont think that its right for Hoxie to move to Walnut Ridge. We have had the post office in Hoxie for years & years. For once think about the customers.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Think about the customers Alot of people walk to the Post Office (like some elderly). Dont make them have to go an extra 3 miles to Walnut Ridge.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Gail Gunt
(please print your name)

Address:

PO Box 222 Hoxie AR 72433

Telephone number:

870 886-2793

Date:

10/18/10



DOCKET NO.

72433

ITEM NO.

22

PAGE

111-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



DOCKET NO. 72433
ITEM NO. 22
PAGE 111-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

If There is going to be no change, why this?

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: BARBARA HACKWORTH
(please print your name)

Address: 600 N.W. EDGAR APT #14

Telephone number:

Date: 10-18-10



Postal Customer Questionnaire

DOCKET NO. 72433
ITEM NO. 22
PAGE 112

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ N/A
Personal needs ☐ N/A
Banking ☐ N/A
Employment ☐ N/A
Social needs ☐ N/A



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

I would like the option of being able to walk into my post office and getting personal service. I believe that if we have to go to Walnut Ridge, it will be too busy for that personal touch. Walnut Ridge already has an attitude with their service! Can you imagine what it would be like if they had both Hoxie & WR residents!

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name:

Redda Russell
(please print your name)

Address:

410 NW Lawrence Hoxie, AR 72433

Telephone number:

(870) 759-1146

Date:

10-16-10



Postal Customer Questionnaire

DOCKET NO.
ITEM NO.
PAGE

72433

22

113-1

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ grocery store
- Personal needs ☒ WALMARTS - Walnut Ridge
- Banking ☒ Hoxie
- Employment ☐ No
- Social needs ☐ No



DOCKET NO. 72433
ITEM NO. 22
PAGE 113-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

no comment

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

no comment

I wish the mail carrier would deliver our mail earlier

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: NORMA JEAN SUTTON BRAD APT'S
(please print your name)

Address: 614 SE Pine St. Apt 6.

Telephone number: 870-886-5876 Date: 10-14-10



DOCKET NO.

72433

ITEM NO.

22

PAGE

114-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ grocery store, gas
- Personal needs ☒ do it all store - grocery store
- Banking ☒ walmart Ridge, at Rovers
- Employment ☐ _____
- Social needs ☐ _____

Haw 67



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

very inconvenient

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Thelma Smith
(please print your name)

10. 4
09898-19.12

Address: 418 NE Lincoln Dr. Hoxie, WI 53123

Telephone number: 886 2720
870,

Date: 10.19.2010



Postal Customer Questionnaire

DOCKET NO.
ITEM NO.
PAGE

72433

22

114-2

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ Hays Grocery, Hoxie, Mo.
Personal needs ☐ Walnut Ridge, Mo. Hwy 67
Banking ☐ Walnut Ridge Arkansas
Employment ☐ _____
Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

Good at home mail service daily

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

would be in consent

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: THELma Smith
(please print your name)

Address: 418 N.E. Circle Dr.

Telephone number: 870, 886, 2720 Date: 10.18.2010



DOCKET NO.

72433

ITEM NO.

22

PAGE

115

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ HAYES Walnut Ridge AR
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

DO. NOT
Travel TO Walnut Ridge For mail
would Be INconvenient TO ME AND
additioal coost

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Brenda West
(please print your name)

Address: 407 N.W. Edsall Hoxie, IL 72433

Telephone number: 870 897 7206 Date: 10-16-10



DOCKET NO.
ITEM NO.
PAGE

72433

32

116

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Russell West
(please print your name)

Address: 203 NE Oak Hoxie AR

Telephone number: 870 679 9441 Date: 10-16-10



DOCKET NO. 72483
ITEM NO. 22
PAGE 117

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonestown

Personal needs ☒ Jonestown

Banking ☐ _____

Employment ☐ N/A - Retired

Social needs ☒ Jonestown - others



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

The Hoxie Post Office at present operates like a sub station, limited hours - Express mail not available many hrs.
If you plan to reduce service - may as well close it.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Decision is probably already made, no questionnaires were mailed prior to reducing the present service.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Carroll Goodin
(please print your name)

Address: 113 SW Oak, Hoxie, Ar. 72433

Telephone number: 870-866-8689 Date: 10-16-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 118

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Some Times
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Some Times
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	WAL-MART WALNUT RIDGE AR
Personal needs	<input type="checkbox"/>	
Banking	<input type="checkbox"/>	
Employment	<input checked="" type="checkbox"/>	WORK IN WALNUT RIDGE, AR
Social needs	<input type="checkbox"/>	



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Willere Wells
(please print your name)

Address: 508 SW BROAD Hoxie, AR

Telephone number: _____ Date: 10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 119

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I would like to keep things the same

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: BONNIE SHEETS
(please print your name)

Address: 510 S.W. Lindsay St. Hoxie, Ark, 72433

Telephone number: 886-9635 Date: 10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 120

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ Hoxie
- Personal needs ☐ Hoxie
- Banking ☐ Hoxie
- Employment ☐ Hoxie
- Social needs ☐ Hoxie



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Evelene Ragsdale
(please print your name)

Address: 603 S.W. Case St. Hoxie AR 72433

Telephone number 870-680-0967 Date: 10-16-2010



DOCKET NO.

72433

ITEM NO.

22

PAGE

121

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices:

Portia Post Office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

☒ Walnut Ridge

Personal needs

☒ Walnut Ridge

Banking

☒ Portia

Employment

☒ Portia

Social needs

☒ Walnut Ridge



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

Some one could lose their job.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

No Comments

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: JERRY GRAHAM
(please print your name)

Address: 314 S. FREE ST. HOXIE ARK.

Telephone number: 886-7244 Date: 10-18-2010

DOCKET NO.

72433

ITEM NO.

22

PAGE

122

UNITED STATES
POSTAL SERVICE

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices:

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒Personal needs ☒Banking ☒Employment ☐Social needs ☐

SEARCHED INDEXED
SERIALIZED FILED



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

I'm 90 years old and I don't drive
I Mail all my bills and
do meet all my business by Mail
It is so handy to get my mail in all kinds of weather
in my mail Box. Thank you

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: GLENN A PICKETT
(please print your name)

Address: 221 FREEST Hoxie, AR 72433

Telephone number: 8861969 Date: Oct 12, 2010



UNITED STATES
POSTAL SERVICE

DOCKET NO.

ITEM NO.

PAGE

72493

28

123

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Dr.
~~Personal needs~~ ☒ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

That it would not be done very fast. I have been in Walnut Ridge P.O. where the wait very long. Hoxie will go the expense to help.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

To use the Walnut Ridge P.O. I would have to get out of my way. HOXIE and W.R. are to different cities. -

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: LINDA BLAUSSETT
(please print your name)

Address: 207 S.W. ALICE

Telephone number: 1-870-886 1951 Date: 10/28/10



DOCKET NO. 72433
ITEM NO. 22
PAGE 129

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ _____
Personal needs ☐ _____
Banking ☐ _____
Employment ☐ _____
Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Budgie J Little
(please print your name)

Address: 203 NW Texas Hoxie, AR 72433-II29

Telephone number: 886- 9932

Date: 10-25 - 2010



DOCKET NO.

72433

ITEM NO.

28

PAGE

125-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels <i>Sometimes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>on Route</i>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>Sometimes</i>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices:

PORTIA POST OFFICE

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	
Personal needs	<input checked="" type="checkbox"/>	<u>DOCTORS</u>
Banking	<input type="checkbox"/>	
Employment	<input type="checkbox"/>	
Social needs	<input type="checkbox"/>	



DOCKET NO. 72433
ITEM NO. 22
PAGE 1252

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

decreasing jobs of post masters
in a time of high unemployment
in our AREA isn't a very good idea

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Margie STARLING

(please print your name)

Address:

701 LAW 511 Rd

Telephone number:

870 759 1798

Date:

Oct 24, 2010



COCKET NO.

ITEM NO.

PAGE

72433

22

125

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ Go to family in Pochardas



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I fully enjoy the Rome town friendliness of Hoxie employees and the willingness to help solve any mailing problems. Plus the wait in line time is reduced at Hoxie due to the efficient way the workers perform.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

First, do not take away anymore jobs! ^{2nd} ^{3rd}
Our small town DOES use the Hoxie P.O.
W.R. is a good office But Hoxie is a more human & personable place. Don't hurry Hoxie into a ghost town!

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Leonora Light
(please print your name)

Address: 608 S.W. Case St Hoxie, Ar

Telephone number: 870-882-0803 Date: 10-22-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 127

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: WR but hardly ever use it

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Pocahontas Searcy WR
- Personal needs ☒ Little Rock
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ Jonestown

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

You take away our post office, soon they will want our school, then later we will all be called Walnut Ridge, we have never got along with people from WR - they think they are better than Hoxie people - But they are not.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

(please print your name)

Address:

Telephone number:

Date:

RONALD "ROSS" JONES Family
306 SW Harding St. Hoxie
(810) 886 9383 10/24/10



DOCKET NO. 72433
ITEM NO. 22
PAGE 128

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Wanda Black
(please print your name)

Address: 930 Goldman Rd Hoxie, AR 72433

Telephone number: 870-886-5542 Date: 10-18-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☒ Jonesboro



DOCKET NO.

72433

ITEM NO.

20

PAGE

129

4. Do you currently use local businesses in the community?

Yes ☒No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐No Opinion ☐Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I think we still need a post office in Hoxie. Because there are people who don't drive very far anymore (elderly) or (disabled), who need a post office close.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

JAMES Y LINDA DeBow
(please print your name)

Address:

410 N.W. RANDOLPH, AR. 72433

Telephone number:

Date:

10-16-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>some times</i>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>"</i>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input checked="" type="checkbox"/>	<i>Genevieve</i>
Social needs	<input type="checkbox"/>	_____



DOCKET NO. 72433
ITEM NO. 22
PAGE 130

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

..

..

..

..

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Sarah Stevens / Ronald Boran
(please print your name)

Address: 412 NW Annie St Hoxie AR 72433

Telephone number: 870-637-5062 Date: 10-25-2010



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 131

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: G Lundy
(please print your name)

Address: 348 LAW ST Hoxie

Telephone number: _____ Date: 10-30-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<u>Jonesboro</u>
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



DOCKET NO. 72493
ITEM NO. 22
PAGE 132

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Hoxie, AR is Not Walnut Ridge, AR

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: B. Lundy
(please print your name)

Address: P.O. Box 113 Hoxie

Telephone number: _____ Date: 10-30-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<u>Jonesboro</u>
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>sometime</i>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☐ *not very often*

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	<i>Walmart</i>
Personal needs	<input type="checkbox"/>	<i>Dollar Store Hoxie</i>
Banking	<input type="checkbox"/>	<i>Walmart Ridge</i>
Employment	<input type="checkbox"/>	<i>Retired</i>
Social needs	<input type="checkbox"/>	<i>Genesboro</i>



DOCKET NO.
ITEM NO.
PAGE

72433

22

133-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

Unfavorable

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*I say stay like it is we
need the Post office not Walnut Ridge*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: KENNETH QUARRY
(please print your name)

Address: Box 327 Hoxie Ark

Telephone number: 886 6109 Date: 11-1-10



DOCKET NO.

ITEM NO.

PAGE

72433

22

134-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



DOCKET NO. 72433
ITEM NO. 22
PAGE 134-2

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Budgie J Little
(please print your name)

Address: 203 NW Texas Hoxie, 72433-II29

Telephone number: 886-9932 Date: 10-25-2010



DOCKET NO.
ITEM NO.
PAGE

72433

22

134-3

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 134-4

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Budgie Little
(please print your name)

Address: 203 NW Texas Hoxie, AR 72433-II29

Telephone number: 886-9932 Date: _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 135

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*Will some of the Hoxie employees lose their jobs?
Will out-of-town personnel be used for a classified
station if Hoxie residents could be hired?*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Harold + Denna Bailey
(please print your name)

Address: 418 NW Edger ST. Hoxie

Telephone number: 870-886-7256 Date: 10-20-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 136

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

*Husband disabled + Walnut Ridge a Jonesboro
not accessible for him*

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Debby Rogers
(please print your name)

Address: 210 SE Elm Hoxie AR

Telephone number: 886-7984 Date: Oct. 18, 2010



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 137

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office. Do NOT Make Hoxie subservient to Walnut Ridge

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

- Lack of Qualified personnel
- Reduced hours at Walnut Ridge when
- Reduced services at Walnut Ridge when
- more cost to Hoxie if Walnut Ridge is effect.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Hoxie People do not need any further direction from Walnut Ridge in any fashion

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Dewey Scott
(please print your name)

Address: 918 SW Goldman Hoxie AR 72421

Telephone number: 870-886-9287 Date: 10-16-2010



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? *NONE*

- Shopping ☐ *Hoxie*
- Personal needs ☐ *Hoxie*
- Banking ☐ *Hoxie*
- Employment ☐ *Retired*
- Social needs ☐ *Hoxie*

DOCKET NO. 72433
ITEM NO. 22
PAGE 138

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I Am a small bussiness owner in this town And I would Rather IT STAY JUST LIKE IT IS because I Have a good bussness Relationship with the people who work There and I dont want to see any changes

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Gregg Langston
(please print your name)

Address: 308 SE Lindsey Hoxie AR 72433

Telephone number: 870 275 0639 Date: 10-28-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<u>Jonesboro</u>
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



DOCKET NO.

72433

ITEM NO.

22

PAGE

139

4. Do you currently use local businesses in the community?

Yes ☒No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐No Opinion ☐Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

I think this the first step in closing the Post Office which will effect the whole town in getting new jobs in our town.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name:

Glenda Layne
(please print your name)

Address:

P.O. Box 224 Hoxie, Ar 72433

Telephone number:

870 7591928

Date:

10-17-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Hoxie Post Office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



DOCKET NO.
ITEM NO.
PAGE

72433

22

140

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

LEAVE AS IS,

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: STEVE BROWN
(please print your name)

Address: BROWN'S TAX & ACCT PO BOX 66 HOXIE

Telephone number: 870-886-2204 Date: 10-19-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



DOCKET NO.
ITEM NO.
PAGE

72433
22
141

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Brenda Cochran
(please print your name)

Address: 1402 SW Broad

Telephone number: _____ Date: 10-16-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	Walnut Ridge Jonesboro
Personal needs	<input checked="" type="checkbox"/>	_____
Banking	<input checked="" type="checkbox"/>	_____
Employment	<input checked="" type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



DOCKET NO.

72433

ITEM NO.

28

PAGE

142

4. Do you currently use local businesses in the community?

Yes ☒No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐No Opinion ☐Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Norma Counce
(please print your name)

Address:

208 SW Goldman Hoxie

Telephone number:

870 886 7728

Date:

10-22-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	_____
Personal needs	<input checked="" type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



DOCKET NO. 72433
ITEM NO. 22
PAGE 143

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Stanley Schmidt
(please print your name)

Address: 2521 S.E. FRONT

Telephone number: 870-8863102 Date: 10-27-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☐

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 144

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I think the Hoxie Post Office is fine without any changes being made.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

If there is only a transparent action why not put them both under the direction of the Hoxie Post Office?

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: Margaretta Tinker (Arbor Grove F.W.B. Church)
(please print your name)

Address: P.O. Box 241

Telephone number: 759-0368

Date: 10-26-10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



DOCKET NO. 72433
ITEM NO. 22
PAGE 145

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

While this may not change our service (you say), it will be detrimental to our small community. Please don't do this. We need something in our town.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Karen Williams
(please print your name)

Address: 2207 Highway 67, Hoxie, Ark 72433

Telephone number: 870-809-0324 Date: 10-22-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro or Walnut Ridge

Personal needs ☐ _____

Banking ☐ _____

Employment ☒ Flower Shop - Walnut Ridge

Social needs ☒ Church in Walnut Ridge



DOCKET NO. 72433
ITEM NO. 22
PAGE 146

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

I think things should remain the same

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Bonnie Cain
(please print your name)

Address: 134 S Park Ave Hoxie MO

Telephone number: _____ Date: 10/17/10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro, Pocahontas

Personal needs ☐ _____

Banking ☐ _____

Employment ☒ _____

Social needs ☐ _____



DOCKET NO.
ITEM NO.
PAGE

72433

22

147

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Brandee Davis
(please print your name)

Address: 1205 Lawrence Rd 504

Telephone number: none Date: 10-25-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input checked="" type="checkbox"/>	_____



DOCKET NO. 72433
ITEM NO. 22
PAGE 108

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Randal Davis
(please print your name)

Address: P.O. Box 348 Hoxie AR 72433

Telephone number: none Date: 10-25-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	<u>NONE</u>
Personal needs	<input type="checkbox"/>	<u>NONE</u>
Banking	<input type="checkbox"/>	<u>NONE</u>
Employment	<input type="checkbox"/>	<u>NONE</u>
Social needs	<input type="checkbox"/>	<u>NONE</u>



DOCKET NO.
ITEM NO.
PAGE

72433

28

149

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

Confusion

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Benji She RBS Excavating LLC
(please print your name)

Address: P.O. Box 183 Hoxie AR 72433

Telephone number: 870-886-2011 office Date: 10-17-10
870-926-9450 cell



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro AR

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



DOCKET NO.

ITEM NO.

PAGE

72433

25

150

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices: PORTIA, ARK Post office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ N/A

Personal needs ☒ Doctor visits

Banking ☐ N/A

Employment ☐ N/A

Social needs ☐ N/A

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

It may or may not have any effect on my service, but it would take away one more job for a postmaster in a place where unemployment is already really high

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Same as # 6 above

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Virginia K. Tinsley
(please print your name)

Address: 226 LAWRENCE ROAD 523

Telephone number: 870-886-3028 Date: Oct 18, 2010



DOCKET NO.

ITEM NO.

PAGE

72433

22

151-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	Jonesboro, AR
Personal needs	<input type="checkbox"/>	
Banking	<input type="checkbox"/>	
Employment	<input type="checkbox"/>	
Social needs	<input type="checkbox"/>	



DOCKET NO. 72433
ITEM NO. 22
PAGE 157-2

4. Do you currently use local businesses in the community?

Yes ☒ No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐ No Opinion ☐ Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Please Keep our Post
office as is, open,

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Joyce Roberts
(please print your name)

Address:

621 SW Hartigan Hoxie, AR 72433

Telephone number:

870 886-6323

Date:

10-18-10



DOCKET NO.

ITEM NO.

PAGE

72433

22

152-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>some time</i>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>some time</i>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ _____

Personal needs ☒ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☒ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 1522

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

*I do not want to be under the
direction of Walnut Ridge Post Office
I don't think we would have as
good service as we do now*

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*Walnut Ridge has more than they can
handle anyway, it seems to me at
the one or two times I've been in
their Post office*

Thank you -

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: ANNIE TIMS
(please print your name)

Address: 200 N.E. 4th St, HOXIE, ARK. 72433

Telephone number: NA Date: 10-18-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

153

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Walmart

Personal needs ☐ Walmart

Banking ☐ _____

Employment ☐ None

Social needs ☐ SAVE-A-LOT

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: LUELLA LUTHER
(please print your name)

Address: 407 NE 4TH ST

Telephone number: 870 886 7935 Date: 10/19/10



DOCKET NO. 72433
ITEM NO. 22
PAGE 154-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro, AR
Personal needs ☐
Banking ☐
Employment ☐
Social needs ☐

4. Do you currently use local businesses in the community?

Yes ☒No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐No Opinion ☐Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I oppose changing the Post Office.
I think our service would be worse!
We need the full service it offers.
It would be a huge inconvenience to go to
Walnut Ridge for services!

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Rustel T. Tennison
(please print your name)

Address: 606 S.W. Maple St.

Telephone number: 886-5308 Date: 10-16-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 155

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
Personal needs ☒ _____
Banking ☐ _____
Employment ☐ _____
Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: FARM SERVICE, Inc
(please print your name)

Address: P.O. Box 249 Hoxie, Ar 72433

Telephone number: 870-886-7779 Date: 10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 156

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro or Walnut Ridge

Personal needs ☒ Jonesboro

Banking ☒ _____

Employment ☐ _____

Social needs ☒ Jonesboro, Walnut Ridge, Paragould

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I would have to wait for the mail Because it would not come at the same time every day

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

I would worry that we will loose our Post office. Walnut Ridge is closer to use then Jonesboro but I feel that The Town of Hoxie is slowly loosing everything to Walnut Ridge + one day there will be no Hoxie. I want the post office to stay just as it is. Please, Don't take it away.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Valerie meeker
(please print your name)

Address: 207 NE 4th St. Hoxie AR 72433

Telephone number: (800) 809-1338 Date: 10-17-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

157

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro
- Personal needs ☒ Jonesboro
- Banking ☒ [scribble]
- Employment ☐ _____
- Social needs ☒ Jonesboro



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

i. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I'm not in favor of the move. The postal Service renewed the lease for another 5yrs. and the routes need to stay at Hoxie.

ii. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

a lot of elderly customers walk to the Hoxie post office. If you move it they cant walk that far.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: ZOLA Brewer
(please print your name)

Address: 310 Pican St Hoxie AT 72433

Telephone number: 878-884-6662 Date: 10-20-10



DOCKET NO.
ITEM NO.
PAGE

72Y33

22

158

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ For clothes - Jonesboro, Ark.
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ Wine & lunch just after - Jonesboro

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

What is the purpose for this change?
Will it save money or be better service?
It will give Walnut Ridge control
over Hoxie post office services.
I'm not in favor of this change at all.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Helen Wilburn
(please print your name)

Address: 804 N.E. FRONT St.

Telephone number: 886-2180 Date: 10-16-2010



DOCKET NO.

72433

ITEM NO.

22

PAGE

159

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. Resetting/using postage meter	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	<input checked="" type="checkbox"/> None
Personal needs	<input type="checkbox"/>	
Banking	<input type="checkbox"/>	
Employment	<input type="checkbox"/>	
Social needs	<input type="checkbox"/>	

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

It is local

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

If we Don't Have This Office
I will Have TO Drive
5 miles one way TO The
Post Office
Ame

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Adam Pratt

(please print your name)

Address: 2411 SE 2nd Hoxie IL 62437

Telephone number: 870-259-0736

Date: 10-17-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge, Batesville, Cave City

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro
- Personal needs ☐
- Banking ☐
- Employment ☒ Batesville
- Social needs ☒ Jonesboro



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Beth Willford
(please print your name)

Address: P.O. Box 85 Hoxie AK 72433

Telephone number: 870-886 2450 Date: 10/16/10



DOCKET NO.

72433

ITEM NO.

22

PAGE

161

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices:

Hoxie - Portia

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

☒ Gonesboro

Personal needs

☒ Gonesboro + Walnut Ridge

Banking

☒ Walnut Ridge

Employment

☒ Retired

Social needs

☒ Church - Walnut Ridge



UNITED STATES
POSTAL SERVICE

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

We would have to drive about 15 miles to receive letters with postage due on them. + 15 miles back home. Insured letters, etc would be delivered two or three days later.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

I do not want any changes made in our Post Office. I like it as is.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: MARY ANN GRADDY (WARREN)
(please print your name)

Address: 300 Lawrence CR. 511 - Hoxie AR 72433

Telephone number: 870-886-2827 Date: 10-18-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge AR

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Vella Fedyk
(please print your name)

Address:

511 SE Second St Hoxie, AR 72433

Telephone number:

Date:

10-19-2010



DOCKET NO.
ITEM NO.
PAGE

72433
22
163

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/> Jonesboro
Personal needs	<input checked="" type="checkbox"/> Walnut Ridge
Banking	<input checked="" type="checkbox"/> Walnut Ridge / Jonesboro
Employment	<input type="checkbox"/>
Social needs	<input type="checkbox"/>

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Peter & Anita Shoup
(please print your name)

Address: 106 Detroit

Telephone number: _____

Date: 10-20-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 164

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: other Post Offices are downtown

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐
- Personal needs ☐
- Banking ☒
- Employment ☒ Arkansas, Texas, Oklahoma & Missouri
- Social needs ☐



4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

would be no customer service

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Consider the postal customers and having customer service.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: WILLIAM OFFICE SUPPLY
(please print your name)

Address: 110 SW TEXAS STREET HOXIE

Telephone number: (870) 236-8455 Date: 10-25-10

*E-mail: contact@williamofficesupply.com



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: Other Post Offices are downtown

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐
- Personal needs ☐
- Banking ☒
- Employment ☒ Arkansas, Oklahoma, Texas & Missouri
- Social needs ☐

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

Would be no customer service.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Consider the postal customers and having customer service

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: John W. Winningham, Jr
(please print your name)

Address: PO Box 54 Hoxie

Telephone number: (870) 236-8455 Date: 10-25-10

E-mail: jwwinningham@williamofficesupply.com



DOCKET NO. 72433
ITEM NO. 22
PAGE 166

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>Sometimes</i>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>Sometimes</i>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	<u>Hays</u>
Personal needs	<input type="checkbox"/>	<u>Dollar General Hoxie</u>
Banking	<input type="checkbox"/>	<u>Pulaski Hoxie</u>
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

Every morning I drop my daughter off at school go to ^{Hoxie} post office & do what I need there. My sister cannot drive, so I have to take care of checking both PO boxes.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

It is a smaller place, but is very convenient & a lot quicker service, not as crowded.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Kimberly Putman
(please print your name)

Address: PO Box 143 Hoxie (1116 SE 2nd Hoxie)

Telephone number: 637-2572 Date: 10-22-10



DOCKET NO.

72-133

ITEM NO.

22

PAGE

167

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OCCASIONAL

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☒ Forahontas, AR / Jonesboro, AR.

Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

EARL LAMB
(please print your name)

Address:

P.O. Box 308 / 400 NE 2nd St

Telephone number:

870-759-1028

Date:

10-18-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

168

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices:

Only if Hoxie is closed

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<u>Jonesboro</u>
Personal needs	<input checked="" type="checkbox"/>	<u>Jonesboro</u>
Banking	<input type="checkbox"/>	
Employment	<input type="checkbox"/>	
Social needs	<input type="checkbox"/>	



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Strongly Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

The local PO has been reduced in hours already, that we have to watch the clock to buy stamps or other services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Open Hours are poor -

I feel that the town deserves a full time PO with full services.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name:

Lon Robinett, Po Box 158
(please print your name)

Address:

419 SW Broad Hoxie MO 64533

Telephone number:

870-886-3701

Date:

10-20-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

169

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>as needed</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>as needed</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>as needed</i>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>as needed</i>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	<i>Hoxie</i>
Personal needs	<input type="checkbox"/>	<i>Hoxie</i>
Banking	<input type="checkbox"/>	<i>Hoxie</i>
Employment	<input type="checkbox"/>	<i>Patuxent</i>
Social needs	<input type="checkbox"/>	<i>Hoxie</i>



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable: ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

*you are helping to destroy a small town
and its services*

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*This was tried a few years ago and it was
found to be not good for the town*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Lorene Taylor
(please print your name)

Address:

Box 243 117 NW Lawrence St

Telephone number:

816-886-7784

Date:

10/19/2010



DOCKET NO.
ITEM NO.
PAGE

72433

22

170

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (occasionally)
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☒ Jonesboro



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

i. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____

Janet Little

(please print your name)

Address: _____

P.O. Box 115 Hoxie AR

Telephone number: _____

870-759-2216

Date: _____

10/18/10



DOCKET NO. 72433
ITEM NO. 22
PAGE 171-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<u>Supermarket</u>
Personal needs	<input checked="" type="checkbox"/>	<u>Supermarket</u>
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*I feel like it would hurt older people
that walk*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Otis Gray
(please print your name)

Address: 314 Pecan St

Telephone number: 886 3940 Date: Oct 19-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

171-2

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ Quincy
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*I feel like it will hurt the
Older People that walk*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Mick Ray Dray
(please print your name)

Address: 314 Pecan St

Telephone number: 886-3944 Date: Oct 19-10



DOCKET NO.
ITEM NO.
PAGE

72422
22
172-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	WALNUT Ridge + JONESBORO
Personal needs	<input checked="" type="checkbox"/>	WALNUT Ridge
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

NONE

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

NONE

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Don King

(please print your name)

Address: 424 Circle Dr. Hoxie, AR 72433

Telephone number: 870-886-5859

Date: 10-19-2010



DOCKET NO.

ITEM NO.

PAGE

72433

22

172-2

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices:

Walnut Ridge Post office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	_____
Personal needs	<input checked="" type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input checked="" type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

JAVICE King
(please print your name)

Address:

424 Circle DR.

Telephone number:

870-886-5859

Date:

10-29-2010



DOCKET NO. 72433
ITEM NO. 22
PAGE 123

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	WR + Jonesboro
Personal needs	<input type="checkbox"/>	W. R + Jonesboro
Banking	<input type="checkbox"/>	W about Ridge
Employment	<input type="checkbox"/>	W about Ridge
Social needs	<input type="checkbox"/>	WR + Hoxie



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Shirley Cooper
(please print your name)

Address: 1 Cooper St

Telephone number: 820-886-5606 Date: 10/12/10



DOCKET NO.
ITEM NO.
PAGE

72433

22

179

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: Sedgwick and Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Walnut Ridge and Jonesboro

Personal needs ☒ " " and Hoxie

Banking ☒ " "

Employment ☐

Social needs ☒ " " and Hoxie



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

The Hoxie Post Office is very important to the people of Hoxie especially seniors,

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Arlene Fielder
(please print your name)

Address: 199 Lawrence 635 Walnut Ridge, Ar. 72476

Telephone number: 870-886-2974 Date: 10-19-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 175

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Genesee

Personal needs ☒ Jonesboro, N.C.

Banking ☒ 11 11

Employment ☐ Retired

Social needs ☒ Church, Hoxie



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I see None

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*If it's not broke, don't
fix it.*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Eudoris Fielder
(please print your name)

Address: 199 Law. 635

Telephone number: 886-2974 Date: Oct. 19



DOCKET NO.
ITEM NO.
PAGE

72433

22

176

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	Jonesboro
Personal needs	<input type="checkbox"/>	Jonesboro
Banking	<input type="checkbox"/>	1st National Bank Hoxie
Employment	<input type="checkbox"/>	Hoxie School
Social needs	<input type="checkbox"/>	Jonesboro



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Darrell and PAT NICHOLAS
(please print your name)

Address:

622 S.W. 6th St. Walnut Ridge

Telephone number:

870-637-3004

Date:

10-17-2010



DOCKET NO.
ITEM NO.
PAGE

72433

22

177

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters <i>Sometime</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation <i>Sometime</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices:

*How about leave it like
it is GO. Hoxie can't have something
it has been since 1977 right*

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒
- Personal needs ☒
- Banking ☒
- Employment ☐
- Social needs ☒



4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*Keep it in Hoxie, it just as important
as W.R.*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Rose Stroud
(please print your name)

Address:

2507 S.E. Front Hoxie, ARK. 72433

Telephone number:

886-5811

Date:

Oct 19, 2010



DOCKET NO.

72433

ITEM NO.

22

PAGE

178

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☒ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____

DR'S or Hospital is.



4. Do you currently use local businesses in the community?

Yes ☒ *X*

No ☐ *2*

*yes, when could
not able to go
any more*

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒ *✓*

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

*I like my mail delivered as is, to
my box here at my address.*

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*I think Postal Service is
great as is and although I
don't use all the things, it's not
able to get them any longer. But, if
needed it, I'm glad it's available. Thank You*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Lucille Copeland
(please print your name)

Address:

Hoxie, Ark. 72433

Telephone number:

Date:

10-19-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

129

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: Jonesboro Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☒ _____
- Banking ☒ _____
- Employment ☐ _____
- Social needs ☒ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Downum's waste Services Inc
(please print your name)

Address: PO BOX 9364 Jonesboro AR 72403

Telephone number: 886 5434 Date: 10-18-10

31 & 35 Romine
Hoxie



DOCKET NO. 72433
ITEM NO. 82
PAGE 180

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walmart Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☒ Janesboro



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Patricia Baker
(please print your name)

Address: 408 S.E Hayes St

Telephone number: 870637-2124 Date: 10-26-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 181

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

JOANN DICKEY
(please print your name)

Address:

301 LAW 511 HOXIE AR 72433

Telephone number:

870-886-8200

Date:

10/20/10



DOCKET NO.

ITEM NO.

PAGE

72433

22

182

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☒ Paragould



4. Do you currently use local businesses in the community?

Yes



No



5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good



No Opinion



Unfavorable



6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Robbin Smith
(please print your name)

Address:

PO Box 203 Hoxie, AR 72433

Telephone number:

870-219-5387

Date:

10/24/10



DOCKET NO. 72433
ITEM NO. 22
PAGE 183

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<u>Walmart W.R.</u>
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



DOCKET NO. 72433
ITEM NO. 22
PAGE 184

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

What is the point of it?!

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Jenese M. Ragsdale
(please print your name)

Address: 208 HAYS ST. HOXIE AR 72433

Telephone number: 870 809 0817 Date: Oct 16, 2010



DOCKET NO. 72433
ITEM NO. 22
PAGE 183

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☐

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



DOCKET NO.
ITEM NO.
PAGE

72433
20
186

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro, AR
- Personal needs ☒ Jonesboro AR
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ Jonesboro, AR - Black Rock AR

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: HERSCHELL SAWYERS
(please print your name)

Address: 1523 Hwy 67, Hoxie, AR. 72433

Telephone number: 870-759-2177 Date: 10-16-10

DOCKET NO.

72433

ITEM NO.

22

PAGE

187

UNITED STATES
POSTAL SERVICE

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☐

If yes, which offices:

Portia Post office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<u>Walnut Ridge</u>
Personal needs	<input checked="" type="checkbox"/>	<u>Walnut Ridge</u>
Banking	<input checked="" type="checkbox"/>	<u>Walnut Ridge</u>
Employment	<input type="checkbox"/>	
Social needs	<input type="checkbox"/>	<u>Walnut Ridge</u>



4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: BILLY E. DOYLE
(please print your name)

Address: 229 S. FILL Porter

Telephone number: _____

Date: 10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 188

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☐

If yes, which offices: It would be a mistake
to do away with Hoxie Post office
Sign Harrison L. Watson

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



UNITED STATES
POSTAL SERVICE

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

MARION E WALTON
(please print your name)

Address:

328 Lawrence Road 520 Hoxie MO 64533

Telephone number:

804-1179

Date:

10-18-2010



DOCKET NO.

ITEM NO.

PAGE

72433

22

189-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro, ARPersonal needs ☒ Jonesboro, ARBanking ☒ Simon First Jonesboro, AREmployment ☒ American General from Memphis DistrictSocial needs ☒ Jonesboro, AR



DOCKET NO. 72433
ITEM NO. 22
PAGE 189-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

could cause present service to deteriorate

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Doyle Brewer
(please print your name)

Address: P.O. Box 268 Hoxie AR. 72433

Telephone number: 870-586-2299 Date: 10/16/10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge Post Office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Walnut Ridge, Jonesboro
- Personal needs ☒ Walnut Ridge, Jonesboro
- Banking ☒ Walnut Ridge
- Employment ☐ _____
- Social needs ☒ Walnut Ridge, Jonesboro



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Jr Richardson
(please print your name)

Address: 114 Ray Drive, Hoxie, AR 72433 P.O. Box 22, Hoxie, AR 72433

Telephone number: 870-759-1824 Date: 10/17/10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge, Jocasontus,
Cornings, And some times, Jonesboro.

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Walmart, Grocery stores
- Personal needs ☒ Walmart,
- Banking ☒ Walmart or 1st National, & others
- Employment ☐ None
- Social needs ☒ Walmart, Discount Stores,
Flea markets.



4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

*It doesnt really matter cause the
Government is gonna do what they
want ANYWAYS*

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Like I said it doesnt really matter.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Kathy Wheeler
(please print your name)

Address: 614 S.E. Pine St. Hoxie AR 72433

Telephone number: _____

Date: Oct 19-10



DOCKET NO.

72433

ITEM NO.

22

PAGE

192

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	_____
Personal needs	<input checked="" type="checkbox"/>	_____
Banking	<input checked="" type="checkbox"/>	Hopic
Employment	<input type="checkbox"/>	Retired
Social needs	<input type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes



No



5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good



No Opinion



Unfavorable



6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

George P. Walter

(please print your name)

Address:

Box 246

Telephone number:

886-3253

Date:

10.25.10



DOCKET NO.

72433

ITEM NO.

22

PAGE

193-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonestown

Personal needs ☒ _____

Banking ☒ Walnut Ridge - Hoxie

Employment ☐ Retired

Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 193-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Alice P. Walter
(please print your name)

Address: Box 246

Telephone number: 870.886.3253 Date: 10.26.10



POCKET NO.

72433

ITEM NO.

22

PAGE

194

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ?	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ?	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ?	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	Woodmont Ridge — 46X11
Personal needs	<input checked="" type="checkbox"/>	
Banking	<input checked="" type="checkbox"/>	
Employment	<input checked="" type="checkbox"/>	
Social needs	<input type="checkbox"/>	



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I am 68 years old and a life long resident of Hoxie / WFLW IT
except for a few walkabouts etc. I've here all my life
and we have always got Tap notch Service from the P.O.
I can't think of anything that'll make it better
then it is now!

Jim

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Jim M. DGE TT

(please print your name)

Address:

509 NE 2 P.O. Box 322

Telephone number:

Date:

OCT, 25, 2010



Postal Customer Questionnaire

DOCKET NO.

72433

ITEM NO.

22

PAGE

195

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Perkins, Jonesboro, Paragould
- Personal needs ☒ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Barbara Simmons (Farm Service Inc. d/ba NEAR Seeds)
(please print your name)

Address: PO Box 10 Hoxie AR 72433

Telephone number: 870-886-3530 Date: 10-18-10



DOCKET NO.

72433

ITEM NO.

22

PAGE

196

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒No ☒

If yes, which offices:

But I usually go to Jonesboro
for buying stamps, that's where I
(~~spend~~) spend most of my time.

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	Jonesboro
Personal needs	<input type="checkbox"/>	
Banking	<input type="checkbox"/>	
Employment	<input checked="" type="checkbox"/>	Jonesboro
Social needs	<input type="checkbox"/>	



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Georgetta Jones
(please print your name)

Address: 15 Cooper St. Hoxie

Telephone number: _____

Date: 10-18-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

197

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☒ Doctor

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Joe Huskey
(please print your name)

Address:

513 S.E. 3rd St.

Telephone number:

870-886-5449 Date: 10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 198

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Walnut Ridge

Personal needs ☒ Walnut Ridge

Banking ☒ Walnut Ridge

Employment ☐ _____

Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Michelle Webb
(please print your name)

Address: 209 S.E. Gibson Hoxie, AR

Telephone number: 878-679-0522 Date: 10-20-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 199

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro - Pocahontas - Walnut Ridge
- Personal needs ☒ Jonesboro - Pocahontas - Walnut Ridge
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ Jonesboro - Walnut Ridge - Pocahontas



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: LAVANNA RUTHERFORD
(please print your name)

Address: 1112 SW MAPLE ST HOXIE AR

Telephone number: 870-886-6547 Date: 10-19-10

UNITED STATES
POSTAL SERVICE

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the
- Hoxie Post Office**
- for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	Jonesboro
Personal needs	<input checked="" type="checkbox"/>	Jonesboro
Banking	<input checked="" type="checkbox"/>	Walnut Ridge
Employment	<input checked="" type="checkbox"/>	Hoxie
Social needs	<input type="checkbox"/>	NA



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Crystal Warden
(please print your name)

Address:

409 N. W. Texas St Hoxie

Telephone number:

870 886-2538

Date:

10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 201

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>SOME TIME</i>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>SOME TIME</i>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Hoxie

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input checked="" type="checkbox"/>	<u>Hoxie</u>
Banking	<input checked="" type="checkbox"/>	<u>Hoxie</u>
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: VIRGINIA SHATSKY
(please print your name)

Address: 1108 S.W. Broad St.

Telephone number: _____

Date: 12-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 202-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices:

Walnut Ridge, AR

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<u>Jonesboro</u>
Personal needs	<input type="checkbox"/>	
Banking	<input checked="" type="checkbox"/>	<u>Jonesboro</u>
Employment	<input type="checkbox"/>	
Social needs	<input type="checkbox"/>	



DOCKET NO.
ITEM NO.
PAGE

72433

22

202-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

NORA PATRICE Graddy
(please print your name)

Address:

600 NW Edgar #24, Hoxie, AR 72433

Telephone number:

870-679-9901

Date:

10/19/20

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ JONESBORO
- Personal needs ☒ WALNUT RIDGE & JONESBORO, POCAHONTAS
- Banking ☒ Hoxie
- Employment ☐ _____
- Social needs ☒ JONESBORO

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Leslie V. OLDHAM
(please print your name)

Address: 312 S.W. GIBSON, Hoxie, AR 72433

Telephone number: 870-886-5347 Date: 10-19-10



DOCKET NO.
ITEM NO.
PAGE

72433
22
206

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐
If yes, which offices: Poltia, Emboden

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	_____
Personal needs	<input checked="" type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input checked="" type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: PALBANA WHITE
(please print your name)

Address: Box 300 Hoxie

Telephone number: 870 8863145 Date: 10/19/10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge and Jonesboro

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/> <u>Jonesboro</u>
Personal needs	<input checked="" type="checkbox"/> <u>Jonesboro</u>
Banking	<input checked="" type="checkbox"/> <u>Jonesboro</u>
Employment	<input type="checkbox"/> _____
Social needs	<input checked="" type="checkbox"/> <u>Jonesboro</u>

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I live in Walnut Ridge, but my mail is through Hoxie and it is very confusing to ones mailing to me. If something is sent to Walnut Ridge it is returned and sometimes things get to me very late. I wish this would change to Walnut Ridge mailing address and taking care of it.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Scott Downum
(please print your name)

Address: 50 Razorback Dr Hoxie AR 72433

Telephone number: 870 809 1555 Date: 10-18-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Nearby cities
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____

(please print your name)

Address: _____

Telephone number: _____

Date: _____

TERESA CAMPBELL

511 SW HARDING, Hoxie, AR

10/18/10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge Post Office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Walmart, Sears, Bed, Bath & Beyond
- Personal needs ☐ _____
- Banking ☒ Walnut Ridge
- Employment ☒ Walnut Ridge
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Just Leave things the way they are.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Cindy Hill
(please print your name)

Address: 207 SW Gibson Hoxie, AR 72433

Telephone number: _____ Date: 10-16-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Gindy Blackburn
(please print your name)

Address: 307 N.W. Texas Hoxie, AR.

Telephone number: 870-829-4149 Date: 10-16-10

UNITED STATES
POSTAL SERVICE

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the
- Hoxie Post Office**
- for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☒ _____

Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____

All in our community

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Walmart Walnut Hills
- Personal needs ☒ Bellevue Park South Ave.
- Banking ☒ _____
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. *ND*

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. *ND*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____

Your answers are not my answer for your answers are not sufficient enough for me to answer your questions and there is none of your business.



DOCKET NO. 72433
ITEM NO. 22
PAGE 214-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never	
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Quarterly
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Every 2 months
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Once 2 years
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ none
Personal needs ☐ of
Banking ☐ your
Employment ☐ Business.
Social needs ☐



none of your business.

DOCKET NO.
ITEM NO.
PAGE

72433
22
214-2

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

*What do you determine to be
an classified station? never heard of
it.*

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

*I really do not believe you are accomplishing anything that
would save money. Why? Both of them will still be open costing you money
The carriers will probably operate out of Walnut Ridge. I think and I
believe you need to consolidate both of them with only a Walnut Ridge
Zip Code.*

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Miles
(please print your name)

Address: _____

Telephone number: _____

Date: 10-16-2010



DOCKET NO. 72433
ITEM NO. 22
PAGE 215

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☒ Walmart Ridge, 4172476

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*They should be open at the window
for stamps and letters at noon time*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: MARY STORIE COX FmPLCO #A C
(please print your name)

Address: PO Box 96 Hoxie, AR 72433

Telephone number: 870-886-2291 Date: 10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 216

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☒ Walnut Ridge

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

*It is at the way it is - but to long off
at noon if you to go in to the window
to get stamps are mail*

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: MARY STONE COX FmPL CO INC
(please print your name)

Address: PO BOX 96 HOXIE AR 72433

Telephone number: ~~870~~ 870-886-2291 Date: 10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 217-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/> Some at Hoxie but the rest at Pocahontas, AR. (Most) or Jonesboro, AR.
Personal needs	<input checked="" type="checkbox"/> V _____
Banking	<input checked="" type="checkbox"/> _____
Employment	<input type="checkbox"/> N.A. (retired)
Social needs	<input type="checkbox"/> In my home town of Hoxie.



DOCKET NO. 72493
ITEM NO. 22
PAGE 217-2

4. Do you currently use local businesses in the community?

Yes, ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

What will be our zip if this happens?

It is an inconvenience to have to make people whom you correspond by mail with aware of address changes if it comes to that in the zip code.

It will be farther to drive to get stamps, I assume, but

there may be a facility in Hoxie where stamps will be sold there.

I do not use outside mail boxes so I have to drive to work all the time for mailing which I am not looking forward to doing.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Let us have a place to purchase

stamps in Hoxie at least.

I will say that the people who work at the p.o. in both Hoxie and Walnut Ridge are very nice and pleasant.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: Mary L. Bryant

(please print your name)

Address: 611 S.W. Lawrence St

Telephone number: 870 886-5254

Date: 10-18-10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☒ Doctor in Jonesboro
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: LARINA PACE
(please print your name)

Address: 609 S.E. 2ND. ST.

Telephone number: 870-8866414 Date: 10-17-10



DOCKET NO.
ITEM NO.
PAGE

72433
22
219-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☒ Jonesboro



DOCKET NO. 72433
ITEM NO. 22
PAGE 219-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Glenda Jones
(please print your name)

Address: P.O. Box 103, Hoxie, OR 972433

Telephone number: 870-886-6558 Date: 10-18-10



DOCKET NO.

72437

ITEM NO.

22

PAGE

200-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Hoxie - Walnut Ridge

Personal needs ☒ Hoxie - Walnut Ridge

Banking ☒ Hoxie

Employment ☒ Hoxie

Social needs ☒ Paragould Jonesboro



DOCKET NO. 72433
ITEM NO. 22
PAGE 220-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Anderson Auto Sales
(please print your name)

Address: 204 S.W. Texas

Telephone number: 501-412-3904 Date: 10-16-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

821-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ NA

Personal needs ☐ ll

Banking ☐ ll

Employment ☐ ll

Social needs ☐ ll



DOCKET NO. 72433
ITEM NO. 22
PAGE 221-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Shelvia Morris
(please print your name)

Address: 505 Harding St - Hoxie - AR

Telephone number 870-886-5102 Date: 10-16-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 223

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: JONESBORO, AR ON RACE ST.

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☒ BLACK SHEEP COMPUTING JONESBORO, AR
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: MARK HANAN
(please print your name)

Address: 2508 SE SECOND HOXIE, AR 72433

Telephone number: 870-351-7708 Date: 10-16-2010



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ wal-mart
- Personal needs ☒ wal-mart
- Banking ☐ walnut Ridge
- Employment ☐ retired
- Social needs ☐ wal-mart



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

None

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

None

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: Donald F. Atkins
(please print your name)

Address: 311 S.E. Hayes

Telephone number: 870-637-2524 Date: 10-16-10



DOCKET NO.
ITEM NO.
PAGE

72433
22
224

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge Post Office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro
- Personal needs ☐
- Banking ☐
- Employment ☐
- Social needs ☐

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Shirley J. Story
(please print your name)

Address: 212 Hayes Hoxie Ar 72433

Telephone number: _____ Date: 10-17-10

UNITED STATES
POSTAL SERVICE

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels <i>OCCASIONALLY</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders <i>OCCASIONALLY</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/> <i>Jonesboro, AR.</i>
Personal needs	<input checked="" type="checkbox"/> <i>Walnut Ridge, AR.</i>
Banking	<input checked="" type="checkbox"/> <i>Walnut Ridge, AR.</i>
Employment	<input type="checkbox"/> _____
Social needs	<input type="checkbox"/> _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Simonne Mizzi
(please print your name)

Address: 304 Hayes, Hoxie, AR. 72433

Telephone number: 870-809-4090 Date: 10/16/10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings Yes ☐ No ☒

b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Wk Post Office

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Jonesboro

Personal needs ☐

Banking ☐

Employment ☐

Social needs ☐

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Holly Cain

(please print your name)

Address: 304 SE 3rd St Hoxie

Telephone number: _____

Date: 10-17-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings Yes ☐ No ☒

b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☒ Jonesboro - PARAGOULD

Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Tony E Sexton
(please print your name)

Address:

436 SE Affinity St.

Telephone number:

Date: 10-17-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

228

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: Minturn, Portia, Hoxie, Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

☒ Walnut Ridge

Personal needs

☒ Hoxie Walnut Ridge

Banking

☒ Iberia Walnut Ridge Hoxie

Employment

☒ No

Social needs

☒ Walnut Ridge Hoxie Portia

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

no need for changes

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Sandra Merriott
(please print your name)

Address: 331 Law 511 Hoxie AR 72433

Telephone number: _____

Date: 10-16-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 229

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Portia

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ _____

Personal needs ☒ _____

Banking ☒ _____

Employment ☐ _____

Social needs ☒ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Don Wayne Swartzlander
(please print your name)

Address: 1215 Lawrence St Hoxie AR 72433

Telephone number: 870-637-4263 Date: 10-17-2010



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐No ☐

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____Personal needs ☐ _____Banking ☐ _____Employment ☐ _____Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Bobby & NELEN SLAYTON
(please print your name)

Address:

525 Hwy 228 Hoxie

Telephone number:

1870 886-6503

Date:

10-17-2010



DOCKET NO. 72433
ITEM NO. 22
PAGE 231

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge 1 Bone

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Walnut Ridge

Personal needs ☒ Walnut Ridge

Banking ☐ _____

Employment ☒ Sonesboro

Social needs ☒ Walnut Ridge



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

If there will be no change to any of the services then I see no problem with it.

I seldom go there because they close at 4:00 and it is closed when I get off work.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Debbie SLATION
(please print your name)

Address:

312 SE Elm

Telephone number:

886-5081

Date:

10-17-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 232

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Jonesboro-Caraway Branch, Walnut Ridge,
Sedgwick, Bono

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Walnut Ridge, Jonesboro

Personal needs ☒ Walnut Ridge, Jonesboro

Banking ☐ _____

Employment ☒ Walnut Ridge, Jonesboro

Social needs ☒ Walnut Ridge, Jonesboro



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I don't believe the proposed changes will have any impact on my postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

You should consider reclassifying the Sedgwick office as well; and the Portia office.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Donna M. Travis
(please print your name)

Address: 113 Esther Drive, Hoxie AR 72433

Telephone number: 501-412-5859 Date: 10-17-10



DOCKET NO. 72433
ITEM NO. 28
PAGE 233

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Hoxie, W.R. Jonesboro

Personal needs ☒ Hoxie & W.R.

Banking ☒ Hoxie + W.R.

Employment ☐ _____

Social needs ☒ Hoxie



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Zack Lawhon
(please print your name)

Address: 101 Ray Dr. Hoxie, AR 72433

Telephone number: 870-886-2224 Date: 10-16-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Bond AR, Jonesboro AR
SENGWICK AR.

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☒ Jonesboro AR
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Reggie Dunham
(please print your name)

Address: 310 Hayes

Telephone number: _____ Date: 10-18-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 235

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	Jonesboro, AR.
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: JOANN HARRIS
(please print your name)

Address: PO BOX 352 HOXIE AR. 72433

Telephone number: 870-759-1688 Date: 10-26-10



DOCKET NO. 72433
ITEM NO. 22
PAGE 236

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices:

Walcut Ridge Post Office

3. For which of the following do you leave your community: (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Angela Hendrix
(please print your name)

Address: 410 SE Third, Hoxie AR

Telephone number: 870-886-9302 Date: 10-25-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Portia, Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro Pocahontas Walnut Ridge
- Personal needs ☐
- Banking ☒ Walnut Ridge
- Employment ☒ Portia
- Social needs ☐



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Cynthia Slagley
(please print your name)

Address: 295 Lawrence Rd 523 Hoxie AR 72433

Telephone number: _____ Date: 10-28-10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices:

Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

☒ Walnut Ridge

Personal needs

☒

Banking

☒ Hoxie

Employment

☐

Social needs

☐



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Charles Pyle
(please print your name)

Address: 2411 SE Front St. Hoxie, AR 72433

Telephone number: _____ Date: 10/26/10



DOCKET NO. 72433
ITEM NO. 22
PAGE 239

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
Personal needs ☐ _____
Banking ☐ _____
Employment ☐ _____
Social needs ☐ _____

Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Tina Stafford
(please print your name)

Address:

403 Pine St

Telephone number:

Date:

10-18-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	_____
Personal needs	<input checked="" type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input checked="" type="checkbox"/>	_____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____

(please print your name)

Address: _____

Telephone number: _____

Date: _____

CECIL WICKER
507 SW HARDING, Hoxie, AR
10/24/10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ HAYS/WALMART WALNUT RIDGE
- Personal needs ☒ WALMART
- Banking ☒ FIRST NATIONAL HOXIE, AR
- Employment ☒ DISABLED
- Social needs ☒ WALNUT RIDGE



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

NOT SURE

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

NA

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: JEFF PASSALUNGA
(please print your name)

Address: P.O. BOX 133 HOXIE, AR 72433

Telephone number: 870-637-4654 Date: 10-16-10



DOCKET NO.
ITEM NO.
PAGE

72433

22

242-1

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Walnut Ridge, Jonesboro, Little Rock
- Personal needs ☒ Same as above
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ same as above



DOCKET NO.
ITEM NO.
PAGE

72433

22

242-2

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: WALTER MONARD
(please print your name)

Address: 706 S.W. RANDOLPH ST Hoxie AR

Telephone number: 870-809-0349 Date: 10/21/10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices:

Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

☒ JONESboro, Walnut Ridge, Pocahontas

Personal needs

☒ JONESboro

Banking

☒ Walnut Ridge

Employment

☒ JONESboro

Social needs

☒ JONESboro, Paragould



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Julie Adamson
(please print your name)

Address: 903 NE 4th St. Hoxie AR

Telephone number: 507 592 732 Date: 10/16/10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

~~Yes~~ ☒

No ☒

If yes, which offices: ~~blatant~~ No I work the same hours the post office is open.

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☒ Jonesboro

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I dont believe it will affect me at all as long as my delivery service is not affected as I ~~can~~ work the same hours as the post offices are open for business and do not use the post office itself for anything, I mail letters in the outside drop box if necessary and I have to ~~buy~~ buy my stamps at Walmart.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Jennifer Woods
(please print your name)

Address: 231 LAW SII Hoxie, AR 72433

Telephone number: 870-759-2513 Date: 10-21-10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: SEDWICK ~~SEDWICK~~

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ SOMETIMES
- Personal needs ☒ DOCTOR
- Banking ☐
- Employment ☒ ARKANSAS GLASS CONTAINER
- Social needs ☐



4. Do you currently use local businesses in the community?

Yes ☒No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐No Opinion ☒Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

N/A

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

N/A

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: DONALD A WILLFOND
(please print your name)

Address: 611 SE HARDING HOXIE, AR 72433

Telephone number: 870 637 2023 Date: 10-29-10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

 Yes ☐

 No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro AR
- Personal needs ☐ N/A
- Banking ☒ Walnut Ridge AR
- Employment ☒ Walnut Ridge AR
- Social needs ☒ Jonesboro AR



4. Do you currently use local businesses in the community?

Yes



No



5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good



No Opinion



Unfavorable



6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Lee Ann Pulliam

(please print your name)

Address:

P.O. Box 64 Hoxie, AR 72433

Telephone number:

N/A

Date:

11-2-10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☐ _____
- Banking ☒ _____
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*It would be a lot more trouble
to drive to another post office*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: JACKIE L. CUDE
(please print your name)

Address: 1177 LAWRENCE 504 HOXIE AR. 72433

Telephone number: 870 637 5032 Date: 10-27-2010

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro, Pocahontas
- Personal needs ☒ Jonesboro
- Banking ☐
- Employment ☐
- Social needs ☒ Jonesboro

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Lisa Tennison
(please print your name)

Address: 88 Lawrence 524 Hoxie, AR 72433

Telephone number: 1-870-679-0653 Date: 10-17-10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ WAL-MART Jonesboro
- Personal needs ☒ WAL-MART
- Banking ☒ 1st NATIONAL Hoxie
- Employment ☒ Ret
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.



II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.



For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Reuben R. Bristol
(please print your name)

Address: 1150 Midway Rd 72423

Telephone number: 886-2364 Date: 10-19-010

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Walnut Ridge, Pocahontas, Jonesboro
- Personal needs ☒ " " " "
- Banking ☐ _____
- Employment ☐ elsewhere
- Social needs ☒ Walnut Ridge, Pocahontas, Jonesboro



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

None at this time

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

None at this time

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: LARRY A. DOBBS
(please print your name)

Address: 905 S.W. LAWRENCE, HOXIE, Ark. 72433

Telephone number: 870-679-9214

Date: 10/16/2010



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Hoxie Post Office has ~~been~~ been a post office for years. Why change now?

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: Shelma J. Heard
(please print your name)

Address: 2600 S.E. Front St.

Telephone number: _____ Date: 10-19-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ Jonesboro
- Personal needs ☒ Walnut Ridge
- Banking ☒ Jonesboro / Hoxie
- Employment ☐ _____
- Social needs ☐ _____



4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

April Goshaw
(please print your name)

Address:

2513 SE 2nd St Hoxie Ar 72433

Telephone number:

870-637-4760

Date: 10-18-10

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☒ _____
- Personal needs ☒ _____
- Banking ☐ _____
- Employment ☒ _____
- Social needs ☐ _____

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Lonnie Owen Smith
(please print your name)

Address: 405 N.E. Circle Drive Hoxie AR 72433

Telephone number: 870-886-6417 Date: 10/19/10



DOCKET NO.

72433

ITEM NO.

22

PAGE

234

4. Do you currently use local businesses in the community?

Yes ☐No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐No Opinion ☐Unfavorable ☐

6. Following are comments I wish to make concerning the proposed

the Hoxie Post Office.

I. Effect on Your Post
proposal would have

ffects you believe the
es.

Incomplete
No name / address
provided

II. Other Comments Please
Service should consider i

eve the Postal

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Walnut Ridge - Jonesboro

Personal needs ☒ Walnut Ridge - Jonesboro

Banking ☒ Hoxie & Walnut Ridge

Employment ☒ Retired

Social needs ☒ Walnut Ridge & Hoxie

DOCKET NO.

72433

ITEM NO.

22

PAGE

255

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices:

Hoxie Post Office & Walnut Ridge
post office.

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

☒ Jonesboro

Personal needs

☒ Jonesboro, Imboden Dr & Dentist

Banking

☐ N/A

Employment

☐ N/A

Social needs

☒ Jonesboro, Little Rock, Mountain Home

DOCKET NO. 72433ITEM NO. 22PAGE 256

4. Do you currently use local businesses in the community?

Yes ☒No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐No Opinion ☐~~Unfavorable~~ ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- | | | |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Resetting/using postage meter | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



DOCKET NO.

72433

ITEM NO.

22

PAGE

257

4. Do you currently use local businesses in the community?

Yes ☒No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐No Opinion ☐Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

- I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

- II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____

DOCKET NO.

72433

ITEM NO.

22

PAGE

258

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- | | | |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Resetting/using postage meter | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- | | | |
|----------------|--------------------------|-------|
| Shopping | <input type="checkbox"/> | _____ |
| Personal needs | <input type="checkbox"/> | _____ |
| Banking | <input type="checkbox"/> | _____ |
| Employment | <input type="checkbox"/> | _____ |
| Social needs | <input type="checkbox"/> | _____ |

DOCKET NO.
ITEM NO.
PAGE

72433
22
238

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- | | | |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Resetting/using postage meter | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____

DOCKET NO.
ITEM NO.
PAGE

72433
02
260

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____

DOCKET NO.

72433

ITEM NO.

22

PAGE

261

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

Many of the citizens utilize the facilities of the Hoxie Post Office. Our elderly are able to get out and mail letters, get money orders, etc without having to travel far.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3 rolls or more at a time	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/> depending	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/> depending	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	We use for our water bills
b. Resetting/using postage meter	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	The City of Hoxie uses local businesses whenever possible
Personal needs	<input type="checkbox"/>	
Banking	<input type="checkbox"/>	
Employment	<input type="checkbox"/>	
Social needs	<input type="checkbox"/>	

DOCKET NO.
ITEM NO.
PAGE

72433

22

262

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

If you close our post office, the elderly will have to drive further for their postal needs. It's just not right!

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

WE NEED OUR POST OFFICE!

Keep HOXIE OPEN!

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____

DOCKET NO.

72433

ITEM NO.

22

PAGE

263

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input checked="" type="checkbox"/>	<u>Jonesboro</u>
Social needs	<input type="checkbox"/>	_____

DOCKET NO.
ITEM NO.
PAGE

72433
22
264

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐ N/A

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☒ occasionally go to movies in Jonesboro

DOCKET NO.

72433

ITEM NO.

22

PAGE

265

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices:

Wouldn't use another P.O. I believe
in keeping business in town!!

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>
Personal needs	<input type="checkbox"/>
Banking	<input type="checkbox"/>
Employment	<input type="checkbox"/>
Social needs	<input type="checkbox"/>

NO



DOCKET NO.

72433

ITEM NO.

22

PAGE

266

4. Do you currently use local businesses in the community?

Yes ☒No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐No Opinion ☐Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



DOCKET NO.

72433

ITEM NO.

22

PAGE

267

4. Do you currently use local businesses in the community?

Yes ☐No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐No Opinion ☐Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

- I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

- II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☒ No ☐
- b. Resetting/using postage meter Yes ☒ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	<u>none</u>
Personal needs	<input type="checkbox"/>	
Banking	<input type="checkbox"/>	
Employment	<input type="checkbox"/>	
Social needs	<input type="checkbox"/>	



DOCKET NO.

72433

ITEM NO.

22

PAGE

268

4. Do you currently use local businesses in the community?

Yes ☐No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐No Opinion ☐Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: WALNUT RIDGE

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ WALNUT RIDGE - JONESBORO

Personal needs ☒ _____

Banking ☐ _____

Employment ☒ JONESBORO

Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 289

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>Rarely</i>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>Rarely</i>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ gonishow, Paragould Pocahontas, Searcy, Walnut Ridge

Personal needs ☐ Same as above

Banking ☐ Walnut Ridge

Employment ☐ Walnut Ridge

Social needs ☐ _____

DOCKET NO.
ITEM NO.
PAGE

72433

22

270

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

*No different just the idea of losing
are Post office, cut back on your help
if you can't afford it.*

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

*I don't see the need for a change
because you are still doing the same
thing.
Walnut Ridge is always after something
that Hoxie has.*

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>Sometimes</i>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	<u>Jonesboro</u>
Personal needs	<input type="checkbox"/>	<u>Dollar Store Hoxie</u>
Banking	<input type="checkbox"/>	<u>Realmet Ridge</u>
Employment	<input type="checkbox"/>	<u>Retired</u>
Social needs	<input type="checkbox"/>	<u>Jonesboro</u>

DOCKET NO.
ITEM NO.
PAGE

72433

22

271

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐ No Opinion ☐ Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices.

Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<u>Walnut Ridge</u>
Personal needs	<input checked="" type="checkbox"/>	<u>Walnut Ridge</u>
Banking	<input type="checkbox"/>	
Employment	<input checked="" type="checkbox"/>	<u>Pocahontas</u>
Social needs	<input type="checkbox"/>	

DOCKET NO. 72433
ITEM NO. 22
PAGE 272

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

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For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices:

Walnut Ridge & Sedgwick

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<u>Jonestown</u>
Personal needs	<input checked="" type="checkbox"/>	<u>Jonestown & Pocahontas</u>
Banking	<input type="checkbox"/>	
Employment	<input checked="" type="checkbox"/>	<u>Jonestown</u>
Social needs	<input checked="" type="checkbox"/>	<u>Jonestown</u>



DOCKET NO. 72433
ITEM NO. 22
PAGE 273

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

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For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒

No ☐

If yes, which offices: Walnut Ridge, Ar

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Amesbury, Ar

Personal needs ☒ mostly Walnut Ridge, Walnut

Banking ☒ Walnut Ridge

Employment ☒ Retired

Social needs ☒ Walnut Ridge



DOCKET NO.
ITEM NO.
PAGE

72433

22

294

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

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II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



UNITED STATES
POSTAL SERVICE

DOCKET NO.

72433

ITEM NO.

22

PAGE

275

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐ No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



DOCKET NO. 72433
ITEM NO. 22
PAGE 276

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	Walnut Ridge or Jonesboro
Personal needs	<input checked="" type="checkbox"/>	" "
Banking	<input type="checkbox"/>	
Employment	<input type="checkbox"/>	
Social needs	<input checked="" type="checkbox"/>	Walnut Ridge or Jonesboro



DOCKET NO. 72433
ITEM NO. 22
PAGE 277

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

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For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices:

*I use the Walnut Ridge Post Office
because Hoxie's Post Office is always closed
by the time I get off work.*

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<i>Jonesboro, Arkansas</i>
Personal needs	<input type="checkbox"/>	
Banking	<input type="checkbox"/>	
Employment	<input type="checkbox"/>	
Social needs	<input type="checkbox"/>	

DOCKET NO.
ITEM NO.
PAGE

72433
22
278

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐ No Opinion ☐ Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/> Hays, wal-mart
Personal needs	<input checked="" type="checkbox"/> Wal-mart, family dollar
Banking	<input checked="" type="checkbox"/> well-nutted
Employment	<input checked="" type="checkbox"/> disabled
Social needs	<input type="checkbox"/>

DOCKET NO. 72433
ITEM NO. 22
PAGE 279

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

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For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices:

Walnut Ridge

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

☒ Pocahontas, AR or Jonesboro, AR

Personal needs

☐

Banking

☐

Employment

☒ Walnut Ridge

Social needs

☐



DOCKET NO.

72433

ITEM NO.

22

PAGE

280

4. Do you currently use local businesses in the community?

Yes ☐No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐ No Opinion ☐ Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	<u>Jonestown</u>
Personal needs	<input checked="" type="checkbox"/>	<u>Jonestown</u>
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____



UNITED STATES
POSTAL SERVICE

DOCKET NO.
ITEM NO.
PAGE

72433
22
281

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

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Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices:

Walnut Ridge AR.

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ JONESBORO AR.
- Personal needs ☐ JONESBORO AR.
- Banking ☐ WALNUT RIDGE & Hoxie AR.
- Employment ☐ WALNUT RIDGE AR.
- Social needs ☐ WALNUT RIDGE, JONESBORO, LITTLE ROCK AR.

DOCKET NO.

72433

ITEM NO.

22

PAGE

282

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	Walnut Ridge
Personal needs	<input checked="" type="checkbox"/>	Hoxie
Banking	<input checked="" type="checkbox"/>	Hoxie & Walnut Ridge
Employment	<input checked="" type="checkbox"/>	Hoxie
Social needs	<input type="checkbox"/>	



DOCKET NO.
ITEM NO.
PAGE

72433

22

283

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

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For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? *Do NOT leave*

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



DOCKET NO.
ITEM NO.
PAGE

72433
22
284

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

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II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/> <u>Jonesboro, AR</u>
Personal needs	<input type="checkbox"/> _____
Banking	<input type="checkbox"/> _____
Employment	<input checked="" type="checkbox"/> <u>Jonesboro, AR</u>
Social needs	<input type="checkbox"/> _____



DOCKET NO.
ITEM NO.
PAGE

72433

22

285

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input type="checkbox"/>	_____

None of your business

*beame it like it is. We Dont
Want it changed. We are Hoxie Post
Walnut Ridge*

DOCKET NO. 72433
ITEM NO. 22
PAGE 286

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

- I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

You said there would be no effect, so why should I have questions.

- II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	_____
Personal needs	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input checked="" type="checkbox"/>	_____

DOCKET NO.

ITEM NO.

PAGE

72433

22

287

4. Do you currently use local businesses in the community?

Yes ☐

No ☒

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

There has always been a grudge between Walnut Ridge and Hoxie. I don't think adopting this proposal is a good idea.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ Souesboro, AR

Personal needs ☒ Souesboro, AR

Banking ☒ Elmwood, AR

Employment ☒ Souesboro, AR

Social needs ☒ Souesboro, AR

DOCKET NO.

72433

ITEM NO.

22

PAGE

288-1

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

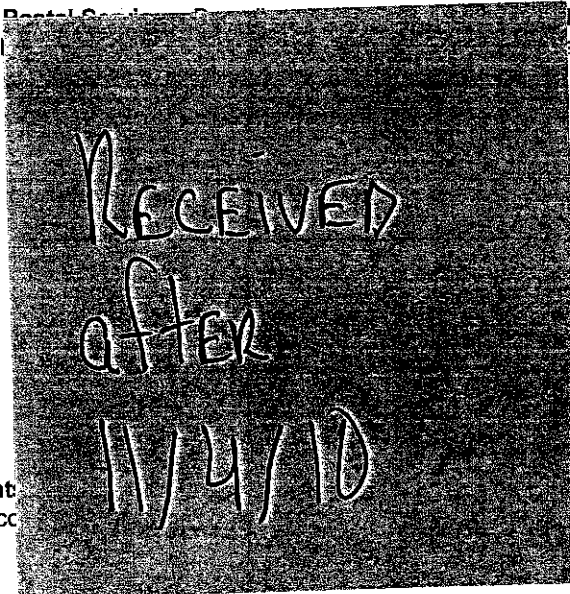
Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Service. What possible effects you believe the proposal would have on your postal services.



II. Other Comments. What other comments you believe the Postal Service should consider.

you believe the Postal

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name:

Elgie Marie Austin
(please print your name)

Address:

645 E. Pine ST. #09 Hoxie, MO 64533

Telephone number: 637-2736

Date: 11/10/10



Postal Customer Questionnaire

DOCKET NO.

72433

ITEM NO.

22

PAGE

288-2

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping ☐ _____
- Personal needs ☐ _____
- Banking ☐ _____
- Employment ☐ _____
- Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 289

4. Do you currently use local businesses in the community?

Yes ☒ No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒ No Opinion ☐ Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

*If there will be no difference
what is this all about?*

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

None

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Ernestene Smith
(please print your name)

Address: 110 NW Lawrence, Hoxie Ar.

Telephone number: 870-886-2146 Date: 11-8-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices: Walnut Ridge Ar.

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ Home towns

Personal needs ☐ Dollar stores + Walmart

Banking ☐ Hoxie + Walnut Ridge

Employment ☐ Retired

Social needs ☐ _____

DOCKET NO.
ITEM NO.
PAGE

72433
22
290

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Regina Woods
(please print your name)

Address: 93 Hwy. 228 Hoxie, AR. 72433

Telephone number: _____ Date: 11-5-10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 291

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

*I think it belittles our Community
to take away our Post Office.*

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: Judy D. CHIAPPELLI
(please print your name)

Address: 205 NE TOWNE ST. HOXIE, AR 72433 - P.O. BOX 127

Telephone number: 870-886-9366 Date: 11/3/10



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Sometimes it varies
Sometimes

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	_____
Personal needs	<input checked="" type="checkbox"/>	_____
Banking	<input checked="" type="checkbox"/>	_____
Employment	<input type="checkbox"/>	_____
Social needs	<input checked="" type="checkbox"/>	_____



DOCKET NO.

ITEM NO.

PAGE

72433

22

293

4. Do you currently use local businesses in the community?

Yes ☐No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐No Opinion ☐Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☒ No ☐

If yes, which offices:

WALNUT RIDGE, AR.

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ JONESBORO, AR; POCAHONTAS, AR.

Personal needs ☒ JONESBORO, AR

Banking ☐ _____

Employment ☐ _____

Social needs ☒ WALNUT RIDGE, AR, HARDY, AR., HARRISON, AR



DOCKET NO. 72433
ITEM NO. 22
PAGE 293

4. Do you currently use local businesses in the community?

Yes ☐

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Resetting/using postage meter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping	<input checked="" type="checkbox"/>	Jonesboro AR
Personal needs	<input type="checkbox"/>	
Banking	<input type="checkbox"/>	
Employment	<input checked="" type="checkbox"/>	Pocahontas AR
Social needs	<input type="checkbox"/>	



DOCKET NO. 72433
ITEM NO. 22
PAGE 294

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☐

Unfavorable ☒

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

There is a lot of elderly people in this community. I believe this is only the beginning of moving the entire postal services to the Walnut Ridge Post Office.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: Ann Lamb
(please print your name)

Address: Box 308

Telephone number: 810 886-7486 Date: 10-31-10



UNITED STATES
POSTAL SERVICE

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the **Hoxie Post Office** for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☐
- b. Resetting/using postage meter Yes ☐ No ☐

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☐

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☐ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☐ _____



DOCKET NO.

72433

ITEM NO.

22

PAGE

295

4. Do you currently use local businesses in the community?

Yes ☒No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☒No Opinion ☐Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. **Effect on Your Postal Services** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. **Other Comments** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name:

Ronald Jones
(please print your name)

Address:

PO Box 325, Hoxie, AR 72433

Telephone number:

8810-6558

Date:

11-3-10



DOCKET NO.
ITEM NO.
PAGE

72433
22
296

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- a. Entering permit mailings Yes ☐ No ☒
- b. Resetting/using postage meter Yes ☐ No ☒

2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?

Yes ☐

No ☒

If yes, which offices: _____

3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping ☒ _____

Personal needs ☐ _____

Banking ☐ _____

Employment ☐ _____

Social needs ☒ _____



DOCKET NO. 72433
ITEM NO. 22
PAGE 297

4. Do you currently use local businesses in the community?

Yes ☒

No ☐

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good ☐

No Opinion ☒

Unfavorable ☐

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____



05/12/2011

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Hoxie Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

In response to your letter:

- You expressed a concern that since the people of your community paid taxes the post office should remain open. The Postal Service is not supported by tax dollars and must meet expenses by revenue it generates. Operational savings for the Postal Service contributes in the long run to stable postage rates and savings for customers.
- You expressed a concern about your 911 address. 911 addresses are generally given by the county's 911 coordinator. The Postal Service does not establish 911 addresses. Any questions concerning your 911 address should be directed to the county's 911 coordinator.
- You expressed a concern about the detrimental effect the loss of the post office would have on the community. Businesses generally require regular and effective postal services, and these will always be provided to the suspended Post Office community. There is no indication that the business community will be adversely affected. Questionnaire responses revealed that customers will continue to use local businesses if the post office is discontinued.
- You expressed a concern about the security of mail. Customers may place a lock on their mailboxes. The mailbox must have a slot large enough to accommodate the customer's normal daily mail volume. The Postal Service does not open mailboxes which are locked and does not accept keys for this purpose.

If it is determined that a discontinuance of the Hoxie Post Office should be pursued, a formal proposal will be posted in the Walnut Ridge Post Office and Hoxie Post Office at a later date. If you have additional questions or comments, please feel free to contact Jackie Stubitsch at (501) 228-4171.

Sincerely,

A handwritten signature in black ink that reads "John R Confer".

John Confer
Manager, Post Office Operations
420 Natural Resources Dr
Little Rock, AR, 72205-4100

Postal Service Customer Questionnaire Analysis

Questionnaires were distributed to all delivery customers of the HOXIE Post Office on 11/30/2010. Additionally, during the survey period, questionnaires were available at the HOXIE Post Office to walk-in retail customers.

1.	Number of Questionnaires	
	Total questionnaires distributed	1738
	Favorable to proposal	97
	Unfavorable to proposal	69
	Expressing no opinion	74
	Total questionnaires received	240

Postal Concerns

The following postal concerns were expressed

1. Concern (No Opinion):
Customers were concerned about a change of address/ZIP code.
Response:
You expressed a concern about a change in address. Customers will continue to use the community name and ZIP Code. This office is NOT closing but being reclassified.
2. Concern (Unfavorable):
Customer expressed a concern about their 911 address
Response:
You expressed a concern about your 911 address. 911 addresses are generally given by the county's 911 coordinator. The Postal Service does not establish 911 addresses. Any questions concerning your 911 address should be directed to the county's 911 coordinator.
3. Concern (Unfavorable):
Customers felt the loss of a post office would have a detrimental effect on the business community
Response:
You expressed a concern about the detrimental effect the loss of the post office would have on the community. Businesses generally require regular and effective postal services, and these will always be provided to the suspended Post Office community. There is no indication that the business community will be adversely affected. Questionnaire responses revealed that customers will continue to use local businesses if the post office is discontinued.
4. Concern (Unfavorable):
Customers felt the post office should remain open since they paid taxes
Response:
You expressed a concern that since the people of your community paid taxes the post office should remain open. The Postal Service is not supported by tax dollars and must meet expenses by revenue it generates. Operational savings for the Postal Service contributes in the long run to stable postage rates and savings for customers.
5. Concern (Unfavorable):
Customers were concerned about mail security
Response:
You expressed a concern about the security of mail. Customers may place a lock on their mailboxes. The mailbox must have a slot large enough to accommodate the customer's normal daily mail volume. The Postal Service does not open mailboxes which are locked and does not accept keys for this purpose.

Nonpostal Concerns

The following nonpostal concerns were expressed

Postal Service Customer Questionnaire Analysis

Questionnaires were distributed to all delivery customers of the HOXIE Post Office on 11/30/2010. Additionally, during the survey period, questionnaires were available at the HOXIE Post Office to walk-in retail customers.

1. Number of Questionnaires	
Total questionnaires distributed	1738
Favorable to proposal	97
Unfavorable to proposal	69
Expressing no opinion	74
Total questionnaires received	240

Postal Concerns

The following postal concerns were expressed

- Concern (UnFavorable):
Customer expressed a concern about their 911 address
Response:
You expressed a concern about your 911 address. 911 addresses are generally given by the county's 911 coordinator. The Postal Service does not establish 911 addresses. Any questions concerning your 911 address should be directed to the county's 911 coordinator.
- Concern (UnFavorable):
Customers felt the loss of a post office would have a detrimental effect on the business community
Response:
You expressed a concern about the detrimental effect the loss of the post office would have on the community. Businesses generally require regular and effective postal services, and these will always be provided to the suspended Post Office community. There is no indication that the business community will be adversely affected. Questionnaire responses revealed that customers will continue to use local businesses if the post office is discontinued.
- Concern (UnFavorable):
Customers felt the post office should remain open since they paid taxes
Response:
You expressed a concern that since the people of your community paid taxes the post office should remain open. The Postal Service is not supported by tax dollars and must meet expenses by revenue it generates. Operational savings for the Postal Service contributes in the long run to stable postage rates and savings for customers.
- Concern (UnFavorable):
Customers were concerned about a change of address/ZIP code.
Response:
You expressed a concern about a change in address. Customers will continue to use the community name and ZIP Code. This office is NOT closing but being reclassified.
- Concern (UnFavorable):
Customers were concerned about mail security
Response:
You expressed a concern about the security of mail. Customers may place a lock on their mailboxes. The mailbox must have a slot large enough to accommodate the customer's normal daily mail volume. The Postal Service does not open mailboxes which are locked and does not accept keys for this purpose.

Nonpostal Concerns

The following nonpostal concerns were expressed

Community Meeting Roster

Postal Service Representative (Names and Titles):

Patti Robinson, Marketing Mgr

Jackie Stubitsch, Discontinuance Coordinator

John Confer, Area 3 MPOO

Date: 02/17/2011

Time _____

Total Number of Customers Present: 49

Place: _____

This document may become a part of the official record that will be available for public viewing.

Names of Customers Present:

[illegible]

Hoxie, AR 72433 Community Meeting

Reclassification

Thursday, February 17, 2011; 5:30 pm

DOCKET NO.

ITEM NO.

PAGE

1367521

24

38

13

NAME	ADDRESS
Robbi Smith	PO Box 203 Hoxie, AR 72433
Lida Finker	104 SE 4th Hoxie, AR 72433
Leresa Greedy	146 Park Ave Hoxie, AR 72433
^{Hoxie alderman} Sherry Moore	(Mailing address) 1127 Lincoln St. Walnut Ridge 72476
James J. Ford	1626 Springview Rd. Pocahontas AR 72455
Shirley Zimmerman	3967 Hwy 230 Alicia AR 72410
Kathleen Peterson	12735 JACKSON ST Searcy, AR 72471
James W. Green	408 SW Cotton, Hoxie, AR 72433
Frances Green	408 SW Cotton, Hoxie, AR 72433
Stanley Schmidt	2561 SE Front Hoxie AR 72433
Jessie Schmidt	2321 S.E. Front Street Hoxie, AR 72433
Ray Mucke	310 S E 4th. Hoxie, AR 72433
Don King	424 Circle Dr. Hoxie, AR 72433

Hoxie, AR 72433 Community Meeting

Reclassification

Thursday, February 17, 2011; 5:30 pm

DOCKET NO.

ITEM NO.

PAGE

10

1367521

24

C

NAME	ADDRESS
JOHN CONFER	2100 Flatrock Trail JBO 72404
Larry Tinker	104 SE 4th HOXIE
Becky Adams	260 Maple Knobel
Glenda Curtis	263 SW 4th Peach Orchard
Charles Hicks	117 Lenora Bow AR 72416
Bridget Lamb	1626 Springview Pocahontas AR 72455
Gail Holland	1750 Walnut Grove Rd Newark 72562
Kelley Manning	25 Laurence 704 Walnut Ridge AR 72476
Bonnie + Harold Heyes TR.	2501 SE Front St Hoxie, AR 72433
Jimmie Wilson	510 W 1st Imboden AR 72434
Lennie A. Smith	405 N.E. Circle Dr. Hoxie AR 72433
Keith + Kendra Warner	343 Lawrence Rd. 507 Hoxie AR 72433
Pam Allen	411 SW Lindsay, Hoxie, AR 72433 P.O. Box 63
Edna J. Smith	301 NW Edgar, Hoxie, AR 72433 PO BOX 307
B. ... + ...	10 ... of ... 72433

DOCKET NO.
ITEM NO.
PAGE 5

$$\begin{array}{r} 1367521 \\ 24 \\ \hline 18 \end{array}$$

8

Hoxie, AR 72433 Community Meeting
 Reclassification

Thursday, February 17, 2011; 5:30 pm

DOCKET NO.
 ITEM NO.
 PAGE

1367521

24

C

12

NAME	ADDRESS
Arnold P. Case	1606 SW Maple Hoxie 72433
Thomas Lamb	317 S.E. Clark " 72433
Janet Little	PO Box 115 Hoxie AR 72433
Zack Lawton	101 RAY DR Hoxie AR 72433
JOANN DICKEY	301 LAW 511 Hoxie, AR 72433
KATIE SMITH	405 NE CIRCLE DR Hoxie, AR 72433
Wesley Cates	309 Pecan St
Bonita Staudt	410 Maple Hoxie, ARK
William Orel Davis	318 Pecan St Hoxie
Linda Bennett	207 S.W. 11th St Hoxie
Theresa Light	618 N. Oak St Hoxie, AR

Postal Service Customer Community Meeting Analysis

(categorize customer concerns as postal or nonpostal and provide the Postal Service response for each.)

Postal Concerns

1. Concern (UnFavorable):
Customers felt the post office should remain open since they paid taxes

Response:

You expressed a concern that since the people of your community paid taxes the post office should remain open. The Postal Service is not supported by tax dollars and must meet expenses by revenue it generates. Operational savings for the Postal Service contributes in the long run to stable postage rates and savings for customers.

Nonpostal Concerns



02/24/2011

As the Postal Service manager responsible for all Post Offices in your area, I would like your opinion concerning a possible change in the way postal services are provided. Our tentative plans will only lead to a formal proposal if we are satisfied that a maximum degree of regular and effective service can be provided.

meeting held after questionnaires

If you would like an opportunity to discuss alternatives with us, a postal representative will be at on 02/17/2011 from to to answer questions and provide information about our service.

If you have any questions, you may contact Jackie Stubitsch at (501) 228-4171.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink that reads "John R Confer". The signature is stylized, with the first letters of the first and last names being large and prominent.

JOHN CONFER
Manager, Post Office Operations



A. Office

Name: HOXIE State: AR Zip Code: 72433
Area: SOUTHWEST District: ARKANSAS PFC
Congressional District: AR01 County: LAWRENCE
EAS Grade: 16 Finance Number: 044302
Post Office: ☒ Classified Station ☐ Classified Branch ☐ CPO ☐

This form is a place holder for number 27. There was not a petition recieved.

Prepared by: Jackie Stubitsch
Title: ARKANSAS PFC Post Office Review Coordinator
Tele No: (501) 228-4171

Date: 05/12/2011
Fax No: (650) 577-5059

Was there a Congressional inquiry received for the consolidation of
HOXIE?

Yes ▾

If Yes, date received?

10/22/2010

POST

DOCKET NO.

ITEM NO.

PAGE

1367521

28

1

Proposal Checklist

Section I

Responsiveness to Community Postal Needs

<input checked="" type="checkbox"/>	Tell what we are doing and why.
<input checked="" type="checkbox"/>	Is reason for discontinuance justified and documented in the record?
<input checked="" type="checkbox"/>	If suspended, what type of alternate service customers are now receiving?
<input checked="" type="checkbox"/>	Reason for vacancy and information on postmaster/OIC
<input checked="" type="checkbox"/>	Number of customers and type of service they received and will receive.
<input checked="" type="checkbox"/>	Hours of service, daily window transaction average, number of permit mailers, and postage meter users.
<input checked="" type="checkbox"/>	Last three fiscal years of revenue and revenue units.
<input checked="" type="checkbox"/>	Decline in service workload/reduction in EAS level, if appropriate.
<input checked="" type="checkbox"/>	Nearest Post Office, office level, miles away, hours of service, number of Post Office boxes available.
<input checked="" type="checkbox"/>	Administrative/emanating office — office level, miles away, hours of service, number of Post Office boxes available.
<input checked="" type="checkbox"/>	If the nearby/administrative Post Office has a different Post Office box fee schedule, this is stated in the proposal.
<input checked="" type="checkbox"/>	Preproposal activities — questionnaires: number of favorable, unfavorable and no opinion responses must equal the total number of questionnaires returned. List customer concerns and Postal Service responses.
<input checked="" type="checkbox"/>	Community meeting. Number of customers who attended, customer concerns, and Postal Service responses.
<input checked="" type="checkbox"/>	Information on petitions and congressional inquiries included with Postal Service responses.
<input checked="" type="checkbox"/>	Revised proposal states dates and locations the proposal was posted for 60 days. Number of comments received, customer concerns and Postal Service responses.
<input checked="" type="checkbox"/>	Advantages and disadvantages of proposed alternate service.
<input checked="" type="checkbox"/>	Any other pertinent information concerning Postal Service needs.

Section II

Effect on the Community

<input checked="" type="checkbox"/>	Brief background of area, community government, population, etc.
<input checked="" type="checkbox"/>	Number of businesses, religious institutions, schools, local government offices, social organizations, etc.
<input checked="" type="checkbox"/>	Was Post Office used as meeting place?
<input checked="" type="checkbox"/>	Was Post Office a shelter for a bus stop?
<input checked="" type="checkbox"/>	Did the Post Office have a public bulletin board?
<input checked="" type="checkbox"/>	Were government forms available at the Post Office?
<input checked="" type="checkbox"/>	Did the Post Office provide assistance to senior citizens, persons with disabilities, etc.?
<input checked="" type="checkbox"/>	What is the historical value of the office?
<input checked="" type="checkbox"/>	Is an address change necessary?
<input checked="" type="checkbox"/>	Will the community identity be preserved?
<input checked="" type="checkbox"/>	What are the growth trends (flat, up, down)?
<input checked="" type="checkbox"/>	Were any other nonpostal items identified?

Section III

Effect on Employees

<input checked="" type="checkbox"/>	Paragraph explaining about postmaster vacancy/OIC/other career and noncareer employees of the office. If a postmaster or other employees are reassigned this must be explained and tell whether the reassignments are voluntary.
-------------------------------------	--

Section IV

Economic Savings

A statement of annual savings includes a breakdown as follows:

Postmaster salary (EAS-____, Minimum, no COLA)

Fringe benefits 33.5%

Rental costs, excluding utilities

Total annual costs

Less estimated cost of replacement service

Total annual savings

\$	54,926
\$	18,400
\$	0
\$	73,326
-	0
\$	73,326

A one-time expense of \$ 0 will be/was incurred for installation of CBUs and parcel lockers.

Is postmaster salary based on the minimum salary without COLA?

Does postmaster salary reflect the current office evaluation?

Section V

Other Factors

The Postal Service has identified no other factors for consideration (if appropriate).

List other factors as appropriate.

Other factors when replacement service is a CPO.

Section VI

Summary

The proposal must include a brief summary that explains why the closing or consolidation is necessary and an assessment of how those factors supporting the need for change outweigh any negative factors. In taking competing considerations into account, the need to provide a maximum degree of effective and regular service must be paramount.

Section VII

Notices

Appropriate notice is made that this is a proposal and not a final determination. If a final determination is made to discontinue the office, information on the appeal process will be provided at that time.

Checklist Completed By:

Investigative Coordinator

Date

5-10-11

Reviewed and Certified By:

District PO Review Coordinator

Date

5-12-11



02/25/2011

SENIOR VICE PRESIDENT
GOVERNMENT RELATIONS AND PUBLIC POLICY
475 L'ENFANT PLAZA SW RM 10804
WASHINGTON DC 20260-3500

SUBJECT: Posting of the Proposal to Close
the HOXIE Post Office
Docket No. 1367521

This is to advise you that on 03/01/2011, I will post for public comment a proposal to close the HOXIE Post Office in LAWRENCE,
Congressional District No. AR01.

If you have any questions, please call JACKIE STUBITSCH District Review Coordinator at (501) 228-4171.

DAVID CAMP
District Manager
ARKANSAS PFC District

cc: Manager, Customer Service Operations
Area Manager, Public Affairs and Communications

Enclosures: PS Form 4920
Proposal



03/01/2011

OFFICER-IN-CHARGE/POSTMASTER

SUBJECT: Letter of Instructions Regarding Posting of
HOXIE Proposal
Docket No. 1367521 - 72433

Please post the enclosed proposal to close the HOXIE Post Office in the lobby. The proposal must be posted in a prominent place from 03/01/2011 through close of business on 05/02/2011. The posting must last at least 60 days and the first day does not count.

Round-date stamp the cover of the proposal on the date of posting and on the date of removal. Also, post the "Invitation for Comments" next to the proposal and round-date stamp it in the same manner.

Additional copies of the proposal and comment forms are enclosed. Provide them to customers upon request.

Also enclosed is the official record on which this proposal is based. Customers may read it; however, they may not remove it from your office. When a customer requests a copy of the record, provide it upon payment of any fees prescribed in AS-353 Guide to Privacy and the Freedom of Information Act. If you do not have photocopy equipment, take the customer's name, address, and telephone number and contact the district for a copy of the record.

At the expiration of the posting period, further instructions will be provided. If there are any questions, please contact me at (501) 228-4171.

JACKIE STUBITSCH
Post Office Review Coordinator
ARKANSAS PFC District

Enclosures: PS Form 4920
Proposal
Invitation for Comments
Comment Forms
Official Record

Date of Posting: 03/01/2011

Date of Removal: 05/02/2011

UNITED STATES POSTAL SERVICE

INVITATION FOR COMMENTS ON THE PROPOSAL TO CONSOLIDATE THE HOXIE, AR POST OFFICE AND CONTINUE TO PROVIDE A CLASSIFIED BRANCH

To the customers of the Hoxie Post Office:

The Postal Service is considering the consolidation of the Hoxie Post Office for reasons stated in the accompanying proposal.

During the 60-day posting period from 03/01/2011 through 05/02/2011 you are invited to provide written comments. Comments will be most helpful if they offer specific opinions and information favorable or unfavorable regarding the potential effect of the proposed change on postal services and on the community. Your comments will be carefully considered and will be incorporated into the official record, which will be made public if the proposal is finalized.

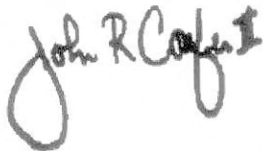
Copies of the proposal and optional comment forms are available upon request at the Hoxie Post Office. If you choose to use the optional comment form and need additional space, please attach additional sheets of paper.

Please return the comment form to:

JACKIE STUBITSCH
420 NATURAL RESOURCES DR
LITTLE ROCK, AR 72205-4100

For more information, you may call JACKIE STUBITSCH at (501) 228-4171 or write to the above address.

Thank you for your assistance.



JOHN CONFER
420 NATURAL RESOURCES DR
LITTLE ROCK, AR 72205-4100

HOXIE AR 72433
Date of Posting: 03/01/2011
MAR 01 2011
Posting Round Date:
UcPS
Date of Removal: 05/02/2011

HOXIE AR 72433
Removal Round Date:
MAY 02 2011
USPS

PROPOSAL TO CONSOLIDATE
THE HOXIE, AR POST OFFICE
AND ESTABLISH
A CLASSIFIED BRANCH

DOCKET NUMBER 1367521 - 72433

I. RESPONSIVENESS TO COMMUNITY POSTAL NEEDS

The Postal Service is proposing to consolidate the Hoxie, AR Post Office and provide delivery and retail services by a classified branch under the administrative responsibility of the Walnut Ridge Post Office, located two miles away.

A classified branch is operated by career postal employees and provides the same services as an independent post office, except for postage meter setting and acceptance of permit mail.

The postmaster position became vacant when the postmaster was reassigned on January 02, 2010. Since the postmaster vacancy an OIC has been installed to operate the office. Postmaster level and office service hours are determined by a workload analysis which includes the number of deliveries and revenue.

The office is being studied for possible closing or consolidation due to the following reasons: POSTMASTER DOWNGRADED - within 5 miles of nearest office. Not discontinuing this office, reclassifying it as a Branch of Walnut Ridge

The Hoxie Post Office, an EAS-16 level, provides service from 08:30 - 16:00 Monday - Friday, Closed Saturday and lobby hours of 24 hrs on Monday - Friday and 24 hrs on Saturday to 197 post office box customers and 1,285 delivery customers. Retail services included the sale of stamps, stamped paper, and money orders; special services such as Registered Mail, Certified Mail, Insured Mail, COD Mail, and Express Mail services; and the acceptance and dispatch of all classes of mail.

The retail window averaged 51 transaction(s) accounting for 54 minute(s) of retail workload daily. With minimal workload, the Postal Service feels that effective and regular service will be provided by classified branch. Office receipts for the last 3 years were: \$78,106 (204 revenue units) in FY 2008; \$71,340 (186 revenue units) in FY 2009; and \$73,382 (191 revenue units) in FY 2010. There were five permit mailer(s) or postage meter customer(s).

The classified branch will provide at least the same number of window service hours and services as the post office except for permit mail acceptance and postage meter settings. Retail service is also available at the Walnut Ridge Post Office, an EAS- level office located 1.7 miles away. Window service hours are from 8:30 - 4:10, Monday through Friday, and closed on Saturday. There are 141 post office boxes available.

On February 17, 2011, representatives from the Postal Service were available at to answer questions and provide information to customers. 49 customer(s) attended the meeting.

On November 30, 2010, 1738 questionnaires were distributed to delivery customers of the Hoxie Post Office. Questionnaires were also available over the counter for retail customers at the Hoxie Post Office. 240 questionnaires were returned. Responses regarding the proposed alternate service were as follows: 97 favorable, 69 unfavorable, and 74 expressed no opinion.

One congressional inquiry was received on October 22, 2010.

If this proposal is implemented, delivery services will be provided by the Walnut Ridge Post Office, an EAS-18 level office. Retail and PO Box service will still be available at the Hoxie Post Office.

The following concerns were expressed on the returned questionnaires, at the community meeting, from customer letters, on the petition, and from the congressional inquiry:

- | | |
|--------------------|---|
| 1. Concern: | Customer expressed a concern about their 911 address |
| Response: | The customer expressed a concern about your 911 address. 911 addresses are generally given by the county's 911 coordinator. The Postal Service does not establish 911 addresses. Any questions concerning your 911 address should be directed to the county's 911 coordinator. |
| 2. Concern: | Customers felt the loss of a post office would have a detrimental effect on the business community |
| Response: | The customer expressed a concern about the detrimental effect the loss of the post office would have on the community. Businesses generally require regular and effective postal services, and these will always be provided to the suspended Post Office community. There is no indication that the business community will be adversely affected. Questionnaire responses revealed that customers will continue to use local businesses if the post office is discontinued. |
| 3. Concern: | Customers felt the post office should remain open since they paid taxes |
| Response: | The customer expressed a concern that since the people of your community paid taxes the post office should remain open. The Postal Service is not supported by tax dollars and must meet expenses by revenue it generates. Operational savings for the Postal Service contributes in the long run to stable postage rates and savings for customers. |

4. **Concern:** Customers were concerned about a change of address/ZIP code.
- Response:** The customer expressed a concern about a change in address. Customers will continue to use the community name and ZIP Code. This office is NOT closing but being reclassified
5. **Concern:** Customers were concerned about mail security
- Response:** The customer expressed a concern about the security of mail. Customers may place a lock on their mailboxes. The mailbox must have a slot large enough to accommodate the customer's normal daily mail volume. The Postal Service does not open mailboxes which are locked and does not accept keys for this purpose.
6. **Concern:** no comments or concerns received
- Response:**

Some advantages of the proposal are:

1. Maintains a postal facility and retail outlet in the community.
2. Customers will continue to use the same mailing address and ZIP Code. There will be no change to customers' addresses.
3. The unit will continue to provide nonpostal services, a community gathering place and information center.
4. Provides the same retail service as an independent post office.
5. A savings for the Postal Service, which contributes in the long run to stable postage rates and savings for customers.

Some disadvantages of the proposal are:

1. Loss of an independent post office in the community.
2. Loss of a postmaster position.

Taking all available information into consideration, the Postal Service concludes this proposal will provide a maximum degree of effective and regular postal services to the community.

II. EFFECT ON COMMUNITY

Hoxie is an incorporated community located in LAWRENCE County. The community is administered politically by Mayor. Police protection is provided by the Hoxie Police Department. Fire protection is provided by the Hoxie Fire Department. The community is comprised of retired people, farmers/ranchers, and those who commute to work at nearby communities and work in local businesses.

Businesses and organizations include: see attached, see attached . Residents may travel to nearby communities for other supplies and services.

Nonpostal services provided at the Hoxie Post Office will continue to be provided by the Hoxie Post Office .

The following nonpostal concerns were expressed on the returned questionnaires, at the community meeting, on the petition, and on the congressional inquiry:

None

Based on the information obtained in the course of this discontinuance study, the Postal Service concludes this proposal will not adversely affect the community.

III. EFFECT ON EMPLOYEES

The postmaster was reassigned on January 02, 2010. The noncareer postmaster relief (PMR) may be separated from the Postal Service. No other Postal Service employee will be adversely affected.

IV. ECONOMIC SAVINGS

The Postal Service estimates an annual savings of \$ 73,326 with a breakdown as follows:

Postmaster Salary (EAS-16, No COLA)	\$ 54,926
Fringe Benefits @ 33.5%	\$ 18,400
Annual Lease Costs	<u>+ \$ 0</u>
Total Annual Costs	\$ 73,326
Less Annual Cost of Replacement Service	<u>- \$ 0</u>
Total Annual Savings	<u>\$ 73,326</u>

V. OTHER FACTORS

The Postal Service has identified no other factors for consideration.

VI. SUMMARY

The Postal Service is proposing to consolidate the Hoxie, AR Post Office and provide delivery and retail services by a classified branch under the administrative responsibility of the Walnut Ridge Post Office, located two miles away.

The postmaster was reassigned on January 02, 2010. If the office has a noncareer PMR(s), they may be separated from the Postal Service; however, attempts will be made to reassign the employee(s) to a near by facility. No other employee(s) will be adversely affected. Post office mail volume has declined. Effective and regular service will continue to be provided by classified branch.

The Hoxie Post Office provided delivery and retail service to 197 PO Box customers and 1,285 delivery route customers. The daily retail window transactions averaged 51. There are five permit mailers or postage meter customers.

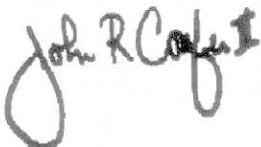
A classified branch will continue to provide the same services as an independent post office, except for permit mailings and meter settings. There will be a loss of the postmaster position. However, the branch will be operated by career postal employees. To help preserve community identity, the community name and ZIP Code will be retained in the mailing address. Customers will experience no change in address. The Postal Service will save an estimated \$73,326 annually. The branch will be administered and supervised by the Postal Service to ensure that high standards of service are maintained.

Taking all available information into consideration, the Postal Service has determined that the advantages outweigh the disadvantages and this proposal is warranted.

VII. NOTICES

- A. Support Materials. Copies of all materials upon which this proposal is based are available for public inspection at the Hoxie Post Office and Walnut Ridge Post Office during normal office hours.
- B. This is a proposal. It is not a final determination to consolidate this post office. If a final determination is made to consolidate this post office, after public comments on this proposal are received and taken into account, a notice of that final determination will be posted in this office.

The final determination will contain instructions on how affected customers may appeal that decision to the Postal Regulatory Commission. Any such appeal must be received by the commission within 30 days of the posting of the final determination.



JOHN CONFER
Manager, Post Office Operations

03/01/2011
Date

Date of Posting: 03/01/2011



Date of Removal: 05/02/2011



UNITED STATES POSTAL SERVICE

Invitation for Comments on the Proposal to Reclassify

the HOXIE Post Office

and Establish a Classified Branch

To the customers of the HOXIE Post Office:

The Postal Service is considering the reclassification of the HOXIE Post Office for reasons stated in the accompanying proposal.

During the 60-day posting period from 03/01/2011 through 05/02/2011 you are invited to provide written comments. Comments will be most helpful if they offer specific opinions and information favorable or unfavorable regarding the potential effect of the proposed change on postal services and on the community. Your comments will be carefully considered and will be incorporated into the official record, which will be made public if the proposal is finalized.

Copies of the proposal and optional comment forms are available upon request at the HOXIE PO. If you choose to use the optional comment form and need additional space, please attach additional sheets of paper.

Please return the comment form to:

JACKIE STUBITSCH
420 NATURAL RESOURCES DR
LITTLE ROCK, AR 72205-4100

For more information, you may call JACKIE STUBITSCH at (501) 228-4171 or write to the above address.

Thank you for your assistance.

Sincerely,

JOHN CONFER
JOHN CONFER
420 NATURAL RESOURCES DR
LITTLE ROCK, AR 72205-4100

Optional Comment Form

Following are comments I wish to make concerning the proposed discontinuance of the HOXIE Post Office.

1. **Effect on Your Postal Services.** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

2. **Effect on Your Community.** Please describe any favorable or unfavorable effects that you believe the proposal would have on your community.

3. **Other Comments.** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Name of Postal Customer

Signature of Postal Customer

Mailing Address

City, State, and ZIP Code

Date



05/10/2011

OFFICER-IN-CHARGE/POSTMASTER

SUBJECT: Instructions for Posting the "Notice of Taking Proposal and Comments Under Internal Consideration"

At the close of business on 05/02/2011 take down the "Proposal" and the "Invitation for Comments" from the lobby. Round-date stamp them upon removal and verify that the mandatory 60-day posting period was observed. The proposal and invitation for comments must be posted for at least 60 days, and the first day does not count.

On the same day, prominently post in the lobby the enclosed "Notice of Taking Proposal and Comments Under Internal Consideration." The notice should remain posted until you receive further notice from this office.

Please return the posted "Proposal," "Invitation for Comments," the official record, and any related discontinuance materials to this office.

Thank you for your assistance.

Sincerely,

JACKIE STUBITSCH
Post Office Review Coordinator
420 NATURAL RESOURCES DR
LITTLE ROCK, AR 72205-4100



A. Office

Name: HOXIE State: AR Zip Code: 72433
Area: SOUTHWEST District: ARKANSAS PFC
Congressional District: AR01 County: LAWRENCE
EAS Grade: 16 Finance Number: 044302
Post Office: ☒ Classified Station ☐ Classified Branch ☐ CPO ☐

This form is a place holder for number 36. The round dated copies of the proposal have been received.

Prepared by: Jackie Stubitsch
Title: ARKANSAS PFC Post Office Review Coordinator
Tele No: (501) 228-4171

Date: 05/12/2011
Fax No: (650) 577-5059

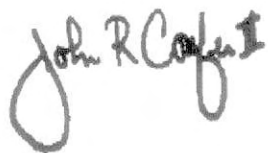
**NOTICE OF TAKING PROPOSAL AND COMMENTS
UNDER INTERNAL CONSIDERATION**

Date 05/12/2011

Postal Customers of the Hoxie Post Office: The Postal Service appreciates receiving the views of those of you who submitted comments on the proposal to consolidate the Hoxie Post Office, which was posted 03/01/2011 through 05/02/2011. These comments will be considered carefully as the matter is reviewed further in my office and at higher levels within the Postal Service.

When a final decision is made by the Postal Service, that decision will be posted in place of this notice. If the decision is to approve the proposal, any customer of the Hoxie Post Office who disagrees will have the right to appeal that decision to the Postal Rate Commission in Washington, DC.

Sincerely,

A handwritten signature in black ink that reads "John R Confer". The signature is stylized with a large, looped "J" and a prominent "C" at the end.

JOHN CONFER
420 NATURAL RESOURCES DR
LITTLE ROCK, AR 72205-4100



05/12/2011

Dear Postal Service Customer:

Thank you for taking the time to submit your comments on the proposal to consolidate the HOXIE. Your comments are appreciated and will be carefully considered, along with the comments of other customers, as the matter is reviewed further in my office and at higher levels of the Postal Service.

In response to your letter:

I realize that with change there is always concern. However, we are confident that classified branch will continue to provide you with effective and regular service. If you have questions or further comments concerning this change in service, please feel free to contact Jackie Stubitsch at (501) 228-4171.

Sincerely,

A handwritten signature in black ink that reads "John R. Coffey".

Manager, Post Office Operations
420 Natural Resources Dr
Little Rock, AR, 72205-4100



A. Office

Name: HOXIE State: AR Zip Code: 72433
Area: SOUTHWEST District: ARKANSAS PFC
Congressional District: AR01 County: LAWRENCE
EAS Grade: 16 Finance Number: 044302
Post Office: ☒ Classified Station ☐ Classified Branch ☐ CPO ☐

This form is a place holder for number 39. There was not a premature appeal received.

Prepared by: Jackie Stubitsch
Title: ARKANSAS PFC Post Office Review Coordinator
Tele No: (501) 228-4171

Date: 05/12/2011
Fax No: (650) 577-5059

Analysis of 60-Day Posting Comments

Number of comments returned

Total questionnaires distributed	<u>0</u>
Favorable comments	<u>0</u>
Unfavorable comments	<u>0</u>
No opinion expressed	<u>0</u>
Total comments returned	<u>0</u>

Postal Concerns

The following postal concerns were expressed

1. Concern (No Opinion):
no comments or concerns received
Response:

Nonpostal Concerns

The following nonpostal concerns were expressed

Date of Posting: 03/01/2011

Posting Round Date:

Date of Removal: 05/02/2011

Removal Round Date:

PROPOSAL TO CONSOLIDATE
THE HOXIE, AR POST OFFICE
AND CONTINUE TO PROVIDE
A CLASSIFIED BRANCH

DOCKET NUMBER 1367521 - 72433

I. RESPONSIVENESS TO COMMUNITY POSTAL NEEDS

The Postal Service is proposing to consolidate the Hoxie, AR Post Office and provide delivery and retail services by a classified branch under the administrative responsibility of the Walnut Ridge Post Office, located two miles away.

A classified branch is operated by career postal employees and provides the same services as an independent post office, except for postage meter setting and acceptance of permit mail.

The postmaster position became vacant when the postmaster was reassigned on January 02, 2010. Since the postmaster vacancy an OIC has been installed to operate the office. Postmaster level and office service hours are determined by a workload analysis which includes the number of deliveries and revenue.

The office is being studied for possible closing or consolidation due to the following reasons: POSTMASTER DOWNGRADED - within 5 miles of nearest office. Not discontinuing this office, reclassifying it as a Branch of Walnut Ridge

The Hoxie Post Office, an EAS-16 level, provides service from 08:30 - 16:00 Monday - Friday, Closed Saturday and lobby hours of 24 hrs on Monday - Friday and 24 hrs on Saturday to 197 post office box customers and 1,285 delivery customers. Retail services included the sale of stamps, stamped paper, and money orders; special services such as Registered Mail, Certified Mail, Insured Mail, COD Mail, and Express Mail services; and the acceptance and dispatch of all classes of mail.

The retail window averaged 51 transaction(s) accounting for 54 minute(s) of retail workload daily. With minimal workload, the Postal Service feels that effective and regular service will be provided by classified branch. Office receipts for the last 3 years were: \$78,106 (204 revenue units) in FY 2008; \$71,340 (186 revenue units) in FY 2009; and \$73,382 (191 revenue units) in FY 2010. There were five permit mailer(s) or postage meter customer(s).

The classified branch will provide at least the same number of window service hours and services as the post office except for permit mail acceptance and postage meter settings. Retail service is also available at the Walnut Ridge Post Office, an EAS- level office located 1.7 miles away. Window service hours are from 8:30 - 4:10, Monday through Friday, and closed on Saturday. There are 141 post office boxes available.

On February 17, 2011, representatives from the Postal Service were available at to answer questions and provide information to customers. 49 customer(s) attended the meeting.

On November 30, 2010, 1738 questionnaires were distributed to delivery customers of the Hoxie Post Office. Questionnaires were also available over the counter for retail customers at the Hoxie Post Office. 240 questionnaires were returned. Responses regarding the proposed alternate service were as follows: 97 favorable, 69 unfavorable, and 74 expressed no opinion.

One congressional inquiry was received on October 22, 2010.

If this proposal is implemented, delivery services will be provided by the Walnut Ridge Post Office, an EAS-18 level office. Retail and PO Box service will still be available at the Hoxie Post Office.

The following concerns were expressed on the returned questionnaires, at the community meeting, from customer letters, on the petition, and from the congressional inquiry:

- | | |
|--------------------|---|
| 1. Concern: | Customer expressed a concern about their 911 address |
| Response: | The customer expressed a concern about your 911 address. 911 addresses are generally given by the county's 911 coordinator. The Postal Service does not establish 911 addresses. Any questions concerning your 911 address should be directed to the county's 911 coordinator. |
| 2. Concern: | Customers felt the loss of a post office would have a detrimental effect on the business community |
| Response: | The customer expressed a concern about the detrimental effect the loss of the post office would have on the community. Businesses generally require regular and effective postal services, and these will always be provided to the suspended Post Office community. There is no indication that the business community will be adversely affected. Questionnaire responses revealed that customers will continue to use local businesses if the post office is discontinued. |
| 3. Concern: | Customers felt the post office should remain open since they paid taxes |
| Response: | The customer expressed a concern that since the people of your community paid taxes the post office should remain open. The Postal Service is not supported by tax dollars and must meet expenses by revenue it generates. Operational savings for the Postal Service contributes in the long run to stable postage rates and savings for customers. |

4. **Concern:**

Customers were concerned about a change of address/ZIP code.

Response:

The customer expressed a concern about a change in address. Customers will continue to use the community name and ZIP Code. This office is NOT closing but being reclassified

5. **Concern:**

Customers were concerned about mail security

Response:

The customer expressed a concern about the security of mail. Customers may place a lock on their mailboxes. The mailbox must have a slot large enough to accommodate the customer's normal daily mail volume. The Postal Service does not open mailboxes which are locked and does not accept keys for this purpose.

6. **Concern:**

no comments or concerns received

Response:

Some advantages of the proposal are:

1. Maintains a postal facility and retail outlet in the community.
2. Customers will continue to use the same mailing address and ZIP Code. There will be no change to customers' addresses.
3. The unit will continue to provide nonpostal services, a community gathering place and information center.
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Some disadvantages of the proposal are:

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Taking all available information into consideration, the Postal Service concludes this proposal will provide a maximum degree of effective and regular postal services to the community.

II. EFFECT ON COMMUNITY

Hoxie is an incorporated community located in LAWRENCE County. The community is administered politically by Mayor. Police protection is provided by the Hoxie Police Department. Fire protection is provided by the Hoxie Fire Department. The community is comprised of retired people, farmers/ranchers, and those who commute to work at nearby communities and work in local businesses.

Businesses and organizations include: see attached, see attached . Residents may travel to nearby communities for other supplies and services.

Nonpostal services provided at the Hoxie Post Office will continue to be provided by the Hoxie Post Office .

The following nonpostal concerns were expressed on the returned questionnaires, at the community meeting, on the petition, and on the congressional inquiry:

None

Based on the information obtained in the course of this discontinuance study, the Postal Service concludes this proposal will not adversely affect the community.

III. EFFECT ON EMPLOYEES

The postmaster was reassigned on January 02, 2010. The noncareer postmaster relief (PMR) may be separated from the Postal Service. No other Postal Service employee will be adversely affected. .

IV. ECONOMIC SAVINGS

The Postal Service estimates an annual savings of \$ 73,326 with a breakdown as follows:

Postmaster Salary (EAS-16, No COLA)	\$ 54,926
Fringe Benefits @ 33.5%	\$ 18,400
Annual Lease Costs	<u>+ \$ 0</u>
Total Annual Costs	\$ 73,326
Less Annual Cost of Replacement Service	<u>- \$ 0</u>
Total Annual Savings	<u>\$ 73,326</u>

V. OTHER FACTORS

The Postal Service has identified no other factors for consideration.

VI. SUMMARY

The Postal Service is proposing to consolidate the Hoxie, AR Post Office and provide delivery and retail services by a classified branch under the administrative responsibility of the Walnut Ridge Post Office, located two miles away.

The postmaster was reassigned on January 02, 2010. If the office has a noncareer PMR(s), they may be separated from the Postal Service; however, attempts will be made to reassign the employee(s) to a near by facility. No other employee(s) will be adversely affected. Post office mail volume has declined. Effective and regular service will continue to be provided by classified branch.

The Hoxie Post Office provided delivery and retail service to 197 PO Box customers and 1,285 delivery route customers. The daily retail window transactions averaged 51. There are five permit mailers or postage meter customers.

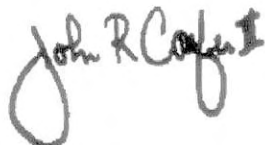
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Taking all available information into consideration, the Postal Service has determined that the advantages outweigh the disadvantages and this proposal is warranted.

VII. NOTICES

- A. Support Materials. Copies of all materials upon which this proposal is based are available for public inspection at the Hoxie Post Office and Walnut Ridge Post Office during normal office hours.
- B. This is a proposal. It is not a final determination to consolidate this post office. If a final determination is made to consolidate this post office, after public comments on this proposal are received and taken into account, a notice of that final determination will be posted in this office.

The final determination will contain instructions on how affected customers may appeal that decision to the Postal Regulatory Commission. Any such appeal must be received by the commission within 30 days of the posting of the final determination.



JOHN CONFER
Manager, Post Office Operations

03/01/2011
Date

U.S. Postal Service POST OFFICE CLOSING OR CONSOLIDATION PROPOSAL Fact Sheet				1. Date Prepared 02/25/2011																								
2. Post Office Name HOXIE		3. State and ZIP + 4 Code AR, 72433-9998																										
4. District, Customer Service ARKANSAS PFC	5. Area, Customer Service SOUTHWEST	6. County LAWRENCE	7. Congressional District AR01																									
8. Reason for Proposal to Discontinue POSTMASTER DOWNGRADED - within 5 miles of nearest office. Not discontinuing this office, reclassifying it as a Branch of Walnut Ridge		9. PO Emergency Suspend (Reason and Date) No Suspension		10. Proposed Permanent Alternate Service																								
11. Staffing		12. Hours of Service																										
a. <input type="checkbox"/> PM <input checked="" type="checkbox"/> PM Vacancy Reason & Date was reassigned Occupied 01/02/2010 b. <input type="checkbox"/> OIC <input type="checkbox"/> Career <input type="checkbox"/> Non-Career c. Current PM POSITION Level (150)EAS-16 Downgraded from EAS-16 d. No of Clerks- 1 No of Career- 1 No of Non-Career- 0 e. No of Others- 3 No of Career- 2 No of Non-Career- 1		a. Time M-F 08:30 - 16:00 Sat Closed Total Window Hours Per Week a. Lobby Time M-F 24 hrs Sat 24 hrs 30.00																										
13. Number of Customers Served		14. Daily Volume (Pieces)																										
a. General Delivery 0 b. P.O. Box 197 c. City Delivery 1,020 d. Rural Delivery 265 e. Highway Contract Route Box 0 f. Total 1,482 g. No. Receiving Duplicate Service 0 h. Average No. Daily Transactions 61.40		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Types of Mail</th> <th>Received</th> <th>Dispatched</th> </tr> </thead> <tbody> <tr><td>a. First-Class</td><td>3,103</td><td>713</td></tr> <tr><td>b. Newspaper</td><td>626</td><td>11</td></tr> <tr><td>c. Parcel</td><td>52</td><td>7</td></tr> <tr><td>d. Other</td><td>0</td><td>0</td></tr> <tr><td>e. Total</td><td>3,781</td><td>731</td></tr> <tr><td>f. No. of Postage Meters</td><td></td><td>4</td></tr> <tr><td>g. No. of Permits</td><td></td><td>1</td></tr> </tbody> </table>			Types of Mail	Received	Dispatched	a. First-Class	3,103	713	b. Newspaper	626	11	c. Parcel	52	7	d. Other	0	0	e. Total	3,781	731	f. No. of Postage Meters		4	g. No. of Permits		1
Types of Mail	Received	Dispatched																										
a. First-Class	3,103	713																										
b. Newspaper	626	11																										
c. Parcel	52	7																										
d. Other	0	0																										
e. Total	3,781	731																										
f. No. of Postage Meters		4																										
g. No. of Permits		1																										
Finances a. FY		Receipts	b. EAS Step 1 PM Basic Salary (no Cola)	c. PM Fringe Benefits (33.5% of b.)																								
2008		\$ 78,106	\$ 54,926	\$ 18,400																								
2009		\$ 71,340																										
2010		\$ 73,382																										
15a. Quarters																												
<input type="checkbox"/> Postal Owned <input checked="" type="checkbox"/> Leased (if Leased, Expiration Date) 01/31/2016 Annual Lease \$ 0 30-day cancellation clause? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Evicted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if Yes, must vacate by) Located in: <input checked="" type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other Suitable alternate quarters available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
15b. Explain The Hoxie Post Office is in a stand-alone building. This request is for the re-classification of the Hoxie Post Office from a Post Office to a Branch of the Walnut Ridge Post Office which is located less than 1 mile away.																												
17. Schools, Churches and Organization in Service Area No. 10 see attached		19. Administrative/Emanating Office (Proposed) Name WALNUT RIDGE PO EAS Level 18 Miles Away 1.7 Window Service Hours M-F 8:30 - 4:10 SAT closed Lobby Hours M-F 24 hrs SAT 24 hrs PO Boxes Available 141																										
18. Businesses in Service Area No. 88 see attached		20. Nearest Post Office (if different from above) Name WALNUT RIDGE PO EAS Level 18 Miles Away 1.7 Window Service Hours M-F 8:30 - 4:10 SAT closed Lobby Hours M-F 24 hrs SAT 24 hrs PO Boxes Available 141																										
21. Prepared by																												
Printed Name and Title JACKIE STUBITSCH		Signature JACKIE STUBITSCH		Telephone No. AC () (501) 228-4171																								
PO Discontinuance Coordinator Name JACKIE STUBITSCH		Location LITTLE ROCK, AR																										



05/12/2011

MEMO TO THE RECORD

SUBJECT: Certification of the Record
HOXIE
Docket Number 1367521 - 72433

This certifies that all comments and documents enclosed in the attached record are originals, or true and correct copies of the originals.

A handwritten signature in cursive script, reading "David Camp", written over a horizontal line.

DAVID CAMP
District Manager

Docket: 1367521 - 72433

Item Nbr: 44

Page Nbr: 1

LOG OF POST OFFICE DISCONTINUANCE ACTIONS

Office Name, State, ZIP Code:

EAS Level:

District:

County:

Congressional District:

Proposal:

Reason For Propsed:

Alternate Service Proposed:

Customers Affected:

Post Office Box:

General Delivery:

Rural Route:

Highway Contract Route (HCR):

City Route:

Intermediate Rural:

Intermediate HCR:

Total number of customers:

HOXIE, AR, 72433-9998

16

ARKANSAS PFC

LAWRENCE

AR01

☐ Close ☒ Consolidate

was reassigned

Classified Branch

197

0

265

0

1,020

0

0

1,482

Date	Action
01/02/2010	Office suspended. Reason suspended:
	Suspension notice sent to Headquarters.
	Postmaster vacancy occurred. Reason: was reassigned
11/30/2010	OIC: Career: 3 Noncareer: 1 Other Employees: 3
	District manager authorization to study.
	Questionnaires sent to customers. Number sent: 1738 Number Returned: 240
	Analysis: Favorable 97 Unfavorable 69 No Opinion 74
	Petition received. Number of signatures: 0
	Concerns expressed:
	Congressional inquiry received: Yes
	Concerns expressed:
	Congressman Berry, Senator Lincoln, Senator Pryor have requested that this office not be closed. This office is not being closed but being re-
03/01/2011	Proposal and checklist sent to district for review.
02/25/2011	Government Relations and Retail Operations notified by district 10 days before the 60-day posting (PS Form 4920 attached).
05/12/2011	Proposal and invitation for comments posted and round-dated.
None	Proposal and invitation for comments removed and round-dated.
	Comment Analysis:
	Favorable 0 Unfavorable 0 No Opinion 0 0
	Premature PRC appeal received.
	Concerns expressed:
02/25/2011	Updated PS Form 4920 completed (if necessary).
05/12/2011	Certification of the official record.
Add	District transmittal of official record to vice president, Delivery and Retail, and copy of transmittal letter to vice president, Area Operations.
	Headquarters logged in official record (option entry).
	Record returned to district for additional consideration.
	Record returned to vice president, Delivery and Retail, after district additional consideration.

Add	Record returned as not warranted.
	Final determination posted at affected office(s) and round-dated.
	Final determination removed and round-dated.
	Postal Bulletin Post Office Change Announcement form sent to Headquarters.
	No appeals letter received from Headquarters.
	Appeal to PRC received.
	PRC opinion received on appeal: Affirmed: _____ Remanded: _____ USPS Withdrawn: _____
	Address management systems notified to updated AMS report.
Add	Discontinuance announced in Postal Bulletin No.: _____ Effective date: _____

Review Coordinator/person most familiar with the case:

JACKIE STUBITSCH
Name/Title

(501) 228-4171
Telephone Number

JACKIE STUBITSCH
District Post Office Review Coordinator

(501) 228-4171
Telephone Number



Date of Posting: 06/21/2011

Posting Round Date:

Date of Removal: 07/23/2011



Removal Round Date:

FINAL DETERMINATION TO CONSOLIDATE
THE HOXIE, AR POST OFFICE
AND CONTINUE TO PROVIDE
A CLASSIFIED BRANCH

DOCKET NUMBER 1367521 - 72433

I. RESPONSIVENESS TO COMMUNITY POSTAL NEEDS

The Postal Service has determined to consolidate the Hoxie, AR Post Office and provide delivery and retail services by a classified branch under the administrative responsibility of the Walnut Ridge Post Office, located two miles away.

A classified branch is operated by career postal employees and provides the same services as an independent post office, except for postage meter setting and acceptance of permit mail.

The postmaster position became vacant when the postmaster was reassigned on January 02, 2010. An employee from a neighboring office may have been installed as the temporary officer-in-charge (OIC). Postmaster level and office service hours are determined by a workload analysis which includes the number of deliveries and revenue.

The office was studied for closing or consolidation due to the following reasons: POSTMASTER DOWNGRADED - within 5 miles of nearest office. Not discontinuing this office, reclassifying it as a Branch of Walnut Ridge

The Hoxie Post Office, an EAS-16 level, provided service from 08:30 - 16:00 Monday - Friday Closed Saturday and lobby hours of 24 hrs on Monday - Friday and 24 hrs on Saturday to 197 Post Office box customers and 1,285 delivery customers. Retail services included the sale of stamps, stamped paper, and money orders; special services such as Registered Mail, Certified Mail, Insured Mail, COD Mail, and Express Mail services; and the acceptance and dispatch of all classes of mail.

The retail window averaged 51 transaction(s) accounting for 54 minute(s) of retail workload daily. With minimal workload, the Postal Service feels that effective and regular service will be provided by classified branch. Office receipts for the last 3 years were: \$78,106 (204 revenue units) in FY 2008; \$71,340 (186 revenue units) in FY 2009; and \$73,382 (191 revenue units) in FY 2010. There were five permit mailer(s) or postage meter customer(s).

The classified branch will provide at least the same number of window service hours and services as the post office except for permit mail acceptance and postage meter settings. Retail service is also available at the Walnut Ridge Post Office, an EAS- level office located 1.7 miles away. Window service hours are from 8:30 - 4:10, Monday through Friday, and closed on Saturday. There are 141 post office boxes available.

On February 17, 2011, representatives from the Postal Service were available at to answer questions and provide information to customers. 49 customer(s) attended the meeting.

On November 30, 2010, 1738 questionnaires were distributed to delivery customers of the Hoxie Post Office. Questionnaires were also available over the counter for retail customers at the Hoxie Post Office . 240 questionnaires were returned. 97 responses were favorable, 69 unfavorable, and 74 expressed no opinion regarding the proposed alternate service.

One congressional inquiry was received on October 22, 2010.

When this final determination is implemented, delivery services will be provided by the Walnut Ridge Post Office, an EAS-18 level office. Retail and PO Box service will still be available at the Hoxie Post Office.

The following concerns were expressed on the returned questionnaires, at the community meeting, on the petition, and on the congressional inquiry:

- | | |
|--------------------|---|
| 1. Concern: | Customer expressed a concern about their 911 address |
| Response: | The customer expressed a concern about your 911 address. 911 addresses are generally given by the county's 911 coordinator. The Postal Service does not establish 911 addresses. Any questions concerning your 911 address should be directed to the county's 911 coordinator. |
| 2. Concern: | Customers felt the loss of a post office would have a detrimental effect on the business community |
| Response: | The customer expressed a concern about the detrimental effect the loss of the post office would have on the community. Businesses generally require regular and effective postal services, and these will always be provided to the suspended Post Office community. There is no indication that the business community will be adversely affected. Questionnaire responses revealed that customers will continue to use local businesses if the post office is discontinued. |
| 3. Concern: | Customers felt the post office should remain open since they paid taxes |

Response:

The customer expressed a concern that since the people of your community paid taxes the post office should remain open. The Postal Service is not supported by tax dollars and must meet expenses by revenue it generates. Operational savings for the Postal Service contributes in the long run to stable postage rates and savings for customers.

4. **Concern:**

Customers were concerned about a change of address/ZIP code.

Response:

The customer expressed a concern about a change in address. Customers will continue to use the community name and ZIP Code. This office is NOT closing but being reclassified

5. **Concern:**

Customers were concerned about mail security

Response:

The customer expressed a concern about the security of mail. Customers may place a lock on their mailboxes. The mailbox must have a slot large enough to accommodate the customer's normal daily mail volume. The Postal Service does not open mailboxes which are locked and does not accept keys for this purpose.

Some advantages of the final determination are:

1. Maintains a postal facility and retail outlet in the community.
2. Customers will continue to use the same mailing address and ZIP Code. There will be no change to customers' addresses.
3. The unit will continue to provide nonpostal services, a community gathering place and information center.
4. Provides the same retail service as an independent post office.
5. A savings for the Postal Service, which contributes in the long run to stable postage rates and savings for customers.

Some disadvantages of the final determination are:

1. Loss of an independent post office in the community.
2. Loss of a postmaster position.

This final determination to consolidate the Hoxie Post Office was posted with an invitation for comment at the Hoxie Post Office and Walnut Ridge Post Office from March 01, 2011 to May 02, 2011. The following additional concerns were received during the proposal posting period:

6. **Concern:** no comments or concerns received

Response:

Taking all available information into consideration, the Postal Service concludes this final determination will provide a maximum degree of effective and regular postal services to the community.

II. EFFECT ON COMMUNITY

Hoxie is an incorporated community located in LAWRENCE County. The community is administered politically by Mayor. Police protection is provided by the Hoxie Police Department. Fire protection is provided by the Hoxie Fire Department. The community is comprised of retired people, farmers/ranchers, and those who commute to work at nearby communities and work in local businesses.

Businesses and organizations include: see attached, see attached . Residents may travel to nearby communities for other supplies and services.

Nonpostal services provided at the Hoxie Post Office will continue to be provided by the Hoxie Post Office .

The following nonpostal concerns were expressed on the returned questionnaires, at the community meeting, on the petition, and on the congressional inquiry:

None

Based on the information obtained in the course of this discontinuance study, the Postal Service concludes this proposal will not adversely affect the community.

III. EFFECT ON EMPLOYEES

The postmaster was reassigned on January 02, 2010. The noncareer postmaster relief (PMR) may be separated from the Postal Service. No other Postal Service employee will be adversely affected.

IV. ECONOMIC SAVINGS

The Postal Service estimates an annual savings of \$ 73,326 with a breakdown as follows:

Postmaster Salary (EAS-16, No COLA)	\$ 54,926
Fringe Benefits @ 33.5%	\$ 18,400
Annual Lease Costs	<u>+ \$ 0</u>
Total Annual Costs	\$ 73,326
Less Annual Cost of Replacement Service	<u>- \$ 0</u>
Total Annual Savings	<u>\$ 73,326</u>

V. OTHER FACTORS

The Postal Service has identified no other factors for consideration.

VI. SUMMARY

The Postal Service has determined to consolidate the Hoxie, AR Post Office and provide delivery and retail services by a classified branch under the administrative responsibility of the Walnut Ridge Post Office, located two miles away.

The postmaster was reassigned on January 02, 2010. If the office has a noncareer PMR, they may be separated from the Postal Service. No other employee(s) will be adversely affected. Post office workload has declined. Effective and regular service will continue to be provided by classified branch.

The Hoxie Post Office provided delivery service to 1,285 customers and 197 PO Box customers. The daily retail window transactions averaged 51. There are five permit mailers or postage meter customers.

A classified branch will continue to provide the same services as an independent post office, except for permit mailings and meter settings. There will be a loss of the postmaster position. However, the branch will be operated by career postal employees. To help preserve community identity, the community name and ZIP Code will be retained in the mailing address. Customers will experience no change in address. The Postal Service will save an estimated \$73,326 annually. The branch will be administered and supervised by the Postal Service to ensure that high standards of service are maintained.

Taking all available information into consideration, the Postal Service has determined that the advantages outweigh the disadvantages and this final determination is warranted.

VII. NOTICES

- A. Support Materials. Copies of all materials upon which this final determination is based are available for public inspection at the Hoxie Post Office and Walnut Ridge Post Office during normal office hours.
- B. Appeal Rights. This final determination to close the Hoxie Post Office may be appealed by any person served by that office to the Postal Regulatory Commission at 901 New York Ave NW, Suite 200, Washington DC 20268-0001. Appeals must be received by the Commission within 30 days of the date this final determination is posted. If an appeal is filed, copies of appeal documents prepared by the Postal Regulatory Commission or the parties to the appeal will be made available for public inspection at Hoxie Post Office and Walnut Ridge Post Office during normal office hours.



Dean J Granholm
Vice President of Delivery and Post Office Operations

06/21/2011
Date